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REPUBLIC OF GHANA

MINISTRY OF GENDER, CHILDREN AND SOCIAL

DEPARTMENT OF CHILDREN

P.O. BOX M.273
MINISTRIES - ACCRA
Tel: 0302225297
Fax: 0302225297

Date: 27TH JANUARY 2025

Consent to Publish Children's Experiences

I, the parent, legal guardian, or appointed social worker of the child(ren), consent to the publication of the child(ren)'s experiences on the situation, protection concerns, and lived experiences of child beggars and street-connected children in Accra and other urban centres. I understand that the child(ren)'s identity will be protected and that this consent applies only to publication.

Signature: _____

Name (Parent/Guardian/Social Worker):

Abigail Acheay Adbo

Relationship to Child:

Social worker (Principal Programme Officer)

Date:

06-02-2025

Digital Address: GA-078-2622