

Insert Council Logo

## **Daryeelka dadka kale**

**FOOMKA OGOLAANSHAHA**

Foomka ogolaanshaha ee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warbixinta ka soo baxda sahamintan waxaa lagu isticmaali doonaa:

* Si loo arko sida dadka ay ugu faraxsan yihiin daryeelkooda iyo adeegyada taageerada.
* Qiimeynta qibradaha dadka ee adeegyadaha daryeelka hoose.

|  |  |  |
| --- | --- | --- |
| Waxaan fahamsanahay in aan: | **Haa** | **Maya** |
| Markasta aan maskaxdayda bedeli karo oo aan kala noqon karo ogolaanshahayga. |  |  |
| Haddii aan go’aansado inaan ka qayb qaadin ma aafaynayso wax daryeel oo aan waqtigan helayo, ama adeegyada qofka aan daryeelayo ama caawinaadka uu hadda helayo. |  |  |
| Warbixinta dhamaantood waxaa la sii haayn doona si xafidsan, aan ka ahayn markaan tilmaamo in caafimaadkeyga iyo nabadgelyadeeda ay khatar ku sugan tahay ama haddii aan la kulmo arimo halis ah oo ku saabsan dhinac kasta ee daryeelkeeyga. |  |  |
| Magacayga lagama isticmaali doono waxkasta oo ku qoran cilmi baarista. |  |  |
| Waxaan codsan karaa inaan arko ama in la ii aqriyo waxa lagu diiwaangeliyey foomka su’aal weydiimaha inta aan la isticmaalin ka hore. |  |  |
| Haddii qofka i waraysanaya uu welwel ka qabo caafimaadkeyga iyo nabadgelyadeeda, aniga ayay igala hadli doonaan ka hor intaan waraysiga bilaabin. |  |  |
| [REMOVE THIS SECTION IF NOT INTENDING TO RECORD THE INTERVIEW]  The interview will be recorded. |  |  |
| Anigu waxaan xaqiijinayaa in la i siiyey oo aan fahmay macluumaadka qoraalka wareysiga (04/06/2025 v1)  Waxaan ogolahay inaan ka qayb qaado sahamintan. |  |  |

Saxiix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taariikh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Haddii qof kale saxiixayo oo wakiil ka ah qofka ka jawaabaya sahamintan, fadlan magacooda ku qoran:

Magaca \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Xiriirka u dhaxeeya qofka foomka ku qoran \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qofka lala xiriirayo sahamintan:**

[Contact name, email address, postal address and phone number]