



IOM International Organization for Migration  
 OIM Organisation Internationale pour les Migrations  
 OIM Organizacion Internacional para las Migraciones



This Programme is co-financed  
 by the European Return Fund

## ASSISTED VOLUNTARY RETURN for FAMILIES and CHILDREN PROGRAMME

|   |                         |                        |  |
|---|-------------------------|------------------------|--|
| Case number                               | <b>F</b>                | Linked to:             |  |
| Date of application                       |                         | Previously Applied as: |  |
| Number of passengers                      |                         | UK BA Ref. Number/s    |  |
| Number of pages                           |                         | Passport or EU Letter  |  |
|   | Fingerprinting Required |                        |  |
| <b>FOR IOM USE ONLY – DO NOT COMPLETE</b> |                         |                        |  |

Do you need any further advice or help before your application is processed?    Yes     No

Please complete this form in **BLOCK CAPITALS** and in **BLACK** ink

Family name/s

First name/s

Date of birth     Place of birth

Gender     Nationality

Any other names used

Other DOB used     Other Nationality

Address in UK

Town     Post Code

Telephone     e-mail

Mobile     Referral agency (How did you hear about IOM)

**Immigration status**

Asylum application pending       Asylum application refused   
Asylum appeal pending       Asylum appeal dismissed   
Granted DLR (temporary protection)       Other (please specify)

Date applied for asylum       Date of last entry to UK       Did you enter UK willingly?

Documents you have with UKBA (Passport/Travel Document, ID Card, Driving Licence, other personal documents)

Last known location of the documents

Method of entry to UK

Did you enter the UK with a genuine passport or ID card that was rightfully issued to you?

Did you or someone acting for you speak to an Immigration Official when you arrived?

Was your document checked by any UK official?

Did you get a stamp or visa from a UK official?

Are you working? Yes  No  If yes, what is your job?

If no, how do you support yourself?

Did you come to UK to work?

Would you like to provide us with further information?

**Dependants:**

| Name | Date of birth | Gender | Relationship to applicant | UK BA Reference Number |
|------|---------------|--------|---------------------------|------------------------|
|      |               |        |                           |                        |
|      |               |        |                           |                        |
|      |               |        |                           |                        |
|      |               |        |                           |                        |
|      |               |        |                           |                        |

Reasons for wishing to return:

Would you like to apply for reintegration assistance?      Yes       No   
If you apply for reintegration assistance IOM will contact you and assist in completing an Individual Return Plan (IRP).

If you do not apply for Reintegration assistance would you like to be monitored/contacted by IOM upon your return?      Yes       No

Special needs (wheelchair or Other medical requirements)

*Please note that IOM may need to share information on medical issues with the third parties in order to provide medical assistance*

Final destination in country of origin (please state full address)

*Please attach copies of immigration documents (SAL, ARC or IS96), children's birth certificates, passports*



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## Declaration of Voluntary Return

**FOR IOM STAFF/PARTNERS:** Each individual who may be considered/be eligible for IOM voluntary return assistance must be able to understand and consider the content of this form before signing. Please allow the individual to read the form (or ensure it can be translated in a language understood by the applicant) and explain it before asking him/her to sign the voluntary declaration.

I, the undersigned, \_\_\_\_\_, express my informed decision to return voluntarily to my home country, which is \_\_\_\_\_, through the assistance of IOM.

I understand that the details requested on the Assisted Voluntary Return for Families and Children Programme (AVRFC) application form are required by the UK BA in order to assess eligibility to participate in the AVRFC. I consent to the UK BA using the information in order to assess whether I am eligible to participate in the Assisted Voluntary Return for Families and Children Programme and in the exercise of functions under the Immigration Acts.

I authorise the IOM and UK Border Agency to share information held on my file that is directly relevant to travel/return and reintegration assistance given under the AVRFC for their functions. This information might be shared also with other UK government departments, agencies, local authorities, law enforcement agencies if needed to help those bodies to carry out their functions.

I understand that medical information on my file may be shared with relevant agencies when specific action directly relevant to travel, return and reintegration is necessary due to medical reasons.

I understand that, by returning with IOM's Assisted Voluntary Return for Families and Children Programme, I will be withdrawing my asylum application in the UK. I also understand that under UK law I may be subject to a re-entry ban to the UK for up to five years.

I understand that IOM will assist me to return home, and I will not be allowed to stop over in any transit country.

I agree for myself as well as for my dependants, heirs and estate that, in the event of personal injury or death during and/or after my participation in the IOM programme, neither IOM, nor any other participating agency or government can in any way be held liable or responsible.

I understand that if I make a false statement in signing this form, the assistance provided by IOM can be terminated at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Representative  
of IOM or the referring Organization

\_\_\_\_\_  
Date