



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 Refugee Fund

UK VOLUNTARY ASSISTED RETURN and REINTEGRATION PROGRAMME

Case number	<input style="width: 95%;" type="text"/>	Home Office Ref. Number/s	<input style="width: 95%;" type="text"/>
Date of application	<input style="width: 95%;" type="text"/>	Passport or EU Letter	<input style="width: 95%;" type="text"/>
Number of passengers	<input style="width: 95%;" type="text"/>	Date of travel (Booked for)	<input style="width: 95%;" type="text"/>
Number of pages	<input style="width: 95%;" type="text"/>	FOR IOM USE ONLY	

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

TO APPLICANT OR APPLICANT'S REPRESENTATIVE:
 Please complete this form in **BLOCK CAPITALS**

Family name/s

First name/s

Any other names used Other DOB used

Date of birth Gender

Place of birth Nationality

Address in UK

Telephone e-mail

Mobile

Immigration status Asylum application pending Referral agency
 Asylum application refused (How did you hear about IOM)
 Asylum appeal pending
 Asylum appeal dismissed
 Granted ELR
 (Exceptional Leave to enter/remain on humanitarian grounds (temporary protection)
 Other (please specify)

[]

Date applied for asylum [] Date of last entry to UK []

Passport/Travel Doc with [] Location []

Other documents with the Home Office/IND (ID Card, Driving License) []

Are you working? Yes No

If yes, what is your job? []

If no, how do you support yourself? []

Dependants:

Name	Date of birth	Gender	Relationship to applicant	Home Office 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 note: reintegration assistance helps you to pay for training, education, or to help set up a small business. We want to help you become financially independent in your country of origin. The amount of help we can give will depend on what you need and your country of origin.

Please attach a copy of an immigration document (SAL, ARC or IS96)

Mission in the United Kingdom:

21 Westminster Palace Gardens, Artillery Row, London SW1P 1RR
Tel: 020 7233 0001 Free phone: 0800 783 2332 Fax: 020 7233 3001 e-mail: IOMUK@iom.int
www.iomlondon.org



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

UK VOLUNTARY ASSISTED RETURN AND REINTEGRATION PROGRAMME

Declaration of Voluntary Return

I, (full name _____ being a citizen of _____ and desiring to return peacefully and voluntarily to my country of origin, hereby declare that after due consideration and entirely of my own free will, I wish to be assisted by IOM to return to _____.

I understand that my assisted return will be direct to _____ without remaining in any intermediate country.

I understand that, by returning with IOM's Voluntary Assisted Return and Reintegration Programme, I will be withdrawing my asylum application in the UK.

I understand that the details requested on the Voluntary Assisted Return and Reintegration Programme (VARRP) application form are required by the Home Office in order to assess eligibility to participate in the VARRP. I consent to the Home Office using the information in order to assess whether I am eligible to participate in the Voluntary Assisted Return and Reintegration Programme and in the exercise of functions under the Immigration Acts.

I am aware that having applied to IOM to return under the VARRP, the Home Office may use the information provided on the VARRP application form now or in the future in the normal course of their duties.

Applicant

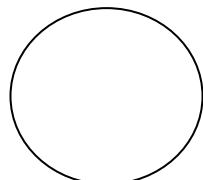
IOM Certifying Officer

(Signature)

Full Name _____

Title _____

IOM Stamp:



Place and date _____

Signature _____