



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

## VOLUNTARY ASSISTED RETURN and REINTEGRATION PROGRAMME

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

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 appeal pending   
Granted DLR (temporary protection)

Asylum application refused   
Asylum appeal dismissed   
Other (please specify)

Date applied for asylum

Date of last entry to UK

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

Last known location of the documents

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

If no, how do you support yourself?

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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# UK VOLUNTARY ASSISTED RETURN AND REINTEGRATION PROGRAMME

## 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 Voluntary Assisted Return and Reintegration Programme (VARRP) application form are required by the UK BA in order to assess eligibility to participate in the VARRP. I consent to the UK BA 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 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 VARRP 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 Voluntary Assisted Return and Reintegration 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