

Please fill in section 1 and 8 in the application form and upload a signed copy with the scan of ID into RIAT. Sections 2-7 of the form are not mandatory to be filled in. The application must be filled in English. Please note that by signing the consent form, the Third Country National agrees to processing of their personal data on all pages of this form and in RIAT.

## 1. CASE INFORMATION

<b>COUNTRY OF RETURN:</b>		<b>EU Country:</b>	
<b>ORGANISATION:</b>			
<b>WHICH REINTEGRATION PARTNER DO YOU WANT TO SEND THE APPLICATION TO?</b>			

### 1.1. ID AND FAMILY COMPOSITION OF THE RETURN FILE

<b>Date of return</b>		<b>Nationality</b>	
<b>Family name</b>			
<b>First name(s)</b>			
<b>Nationality by travel document</b>			
<b>National reference code</b>			
<b>Sex (Gender)</b>	<input type="checkbox"/> male <input type="checkbox"/> female		
<b>Date of birth</b>			
<b>Did the lead applicant receive a return decision from the government administration?</b>	<input type="checkbox"/> Return decision <input type="checkbox"/> No return decision <input type="checkbox"/> Return decision expired <input type="checkbox"/> I do not know		

## 1.2. JOINTLY RETURNING ADULT FAMILY MEMBER

<b>National reference code</b>		<b>Nationality</b>	
<b>Family name</b>		<b>First name(s)</b>	
<b>Sex (Gender)</b>	<input type="checkbox"/> male <input type="checkbox"/> female	<b>Date of Birth</b>	

### 1.3. JOINTLY RETURNING CHILDREN

Family name	First name(s)	Date of Birth	Sex	Nationality	National reference code



## 2. TRAVEL INFORMATION

Type of return	<input type="checkbox"/> Voluntary Return <input type="checkbox"/> Forced Return by Charter Flight <input type="checkbox"/> Forced Return by Scheduled Flight
Which organisation is arranging the return travel?	<input type="checkbox"/> Frontex (FAR) <input type="checkbox"/> Responsible administration of the EU country <input type="checkbox"/> Return by own means <input type="checkbox"/> IOM <input type="checkbox"/> Other
Mode of travel	<input type="checkbox"/> by air <input type="checkbox"/> by land <input type="checkbox"/> by sea
Expected date of departure	
Confirmed date of departure	
Flight details	
Final airport destination	
Final return destination	

## 3. BUDGET INFORMATION

Is/Are the Applicant/s eligible for the post-arrival package?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of reintegration support (in kind, in cash, in cash pre-departure only, both in kind/cash)		
Is the reintegration budget defined prior to return?		<input type="checkbox"/> Yes <input type="checkbox"/> To be defined post-arrival <input type="checkbox"/> No
Reintegration budget <sup>1</sup>	Budgeted amount (EUR)	Short description
To be defined post-arrival		
Income generating activity		
Purchase of professional equipment		
Vocational training/education for adults		
Job Placement (Wage Subsidy)		
Accommodation - Rent		
Accommodation - Renovation		
Accommodation - Household goods		
Medical care		
Psychosocial care		
Children's needs/schooling		
Administrative support		
Costs made upon arrival (urgent assistance)		
Other, please specify		
In cash payments		
<b>Total reintegration budget (EUR)</b>		

<sup>1</sup> This section informs the implementing Partner on the eligibility of expenses. Pre-departure allocations to specific budget items must be indicated here. If no specific pre-departure allocation, indicate the amount under "To be defined post-arrival". Please note that the local reintegration partner relies on the information that is given here to correctly inform the applicant and to ensure the eligibility of expenses

## 4. CONTACT WITH RETURNEE

Did the counselling meeting take place before departure?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Date of the last counselling meeting (e.g., 17/03/2022)	

## 5. PREPARATION OF THE REINTEGRATION PLAN

Is the date of arrival in the EU / SAC host country (Lead applicant) known?	<input type="checkbox"/> Yes, month      year
	<input type="checkbox"/> No
Assets and skills that can contribute to the reintegration and that are important for the local reintegration partner to know.	Short description
None	<input type="checkbox"/>
Previous work experience	<input type="checkbox"/>
Training/educational background	<input type="checkbox"/>
Language skills	<input type="checkbox"/>
Financial support	<input type="checkbox"/>
Family support	<input type="checkbox"/>
Social network	<input type="checkbox"/>
Driving license	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

## 6. ASSISTANCE NEEDED

Assistance needed or aspired by the applicant(s). Please keep expectations realistic.

Assistance in setting-up a small income-generating activity/business	<input type="checkbox"/>
Assistance in accessing labour market	<input type="checkbox"/>
Assistance in the purchase of business/professional equipment	<input type="checkbox"/>
Assistance in school enrolment - orientation (school-aged children)	<input type="checkbox"/>
Orientation towards vocational training schemes or other educational services	<input type="checkbox"/>
Support in the search of temporary housing (Accommodation-Rent)	<input type="checkbox"/>
Assistance in the purchase of basic housing equipment	<input type="checkbox"/>
Orientation assistance towards medical service	<input type="checkbox"/>
Psycho-social support	<input type="checkbox"/>
Family tracing/mediation	<input type="checkbox"/>
Administrative and/or legal assistance	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
To be defined post-arrival with local reintegration partner	<input type="checkbox"/>

Please elaborate on the reintegration needs assessment as specified above.

Clarification of the reintegration needs assessment as specified above.

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**The person has consented to give her/his contact details**

*It is essential for case follow-up that contact details are provided. Failure to provide contact details could compromise service provision.*

Contact details in the European country and the country of return.

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**Are you still registered in the civil registry (or with the relevant local authority) in the Country of Origin?**

- Yes  
 No  
 Not defined

## 7. ASSESSMENT BY THE RETURN COUNSELLOR

Direct needs upon arrival <sup>2</sup>	
Are there any urgent needs to be addressed by the reintegration partner directly upon arrival?	<input type="checkbox"/> Yes, provide a short description <input type="checkbox"/> No
Airport reception <sup>3</sup>	
Onward transportation <sup>4</sup>	
Temporary accommodation <sup>5</sup>	
Medical (continuity of care) <sup>6</sup>	
Other, please comment	

<sup>2</sup> A (local) reintegration partner can be requested to provide assistance immediately after arrival. Before requesting this assistance, the counsellor should assess the necessity and provide sufficient information for the reintegration partner to make the necessary arrangement. Please note that in some cases, urgent assistance might be deducted from the reintegration budget. Please contact your Responsible Authority for more information

<sup>3</sup> Please provide flight details of the entire journey (use upload in "travel arrangements").

<sup>4</sup> Please provide final destination

<sup>5</sup> Please provide the anticipated number of days required. Please note that the accommodation has to be booked in advance.

<sup>6</sup> This section only refers to medical care that has to be insured immediately after arrival. Provide a description of services required, including a timeline. Use the "Upload" section for any additional documentation.



Vulnerability	
<b>Presence of specific vulnerability</b>	
None	<input type="checkbox"/>
Medical	<input type="checkbox"/>
Unaccompanied minor	<input type="checkbox"/>
Victim of trafficking	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>
Elderly person	<input type="checkbox"/>
Single parent	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
<b>Please elaborate on specific vulnerabilities as specified above</b>	
<b>Are you aware of criminal records?</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

**8. CONSENT FORM**

Consent

By signing this declaration, I give my consent to Frontex and (Member State) to process my following personal data for the purpose of provision of EU Reintegration Programme, including disclosure of my personal data to Reintegration Partner (name of reintegration partner) established in (country or origin) and, if necessary, transfer of my personal data to local partners established in (country or origin) :

- Information contained in all sections of the Frontex Application Form
- A copy of my identity document(s) (please specify):
  
- My travel itinerary
- Copies of the following documents confirming my vulnerability (please specify, if none, write “none”):

Name of lead applicant:	Name of jointly returning adult:	Name of legal guardian of minor(s):
Date and place:	Date and place:	Date and place:
Signature of lead applicant:	Signature of jointly returning adult:	Signature of legal guardian of minor(s):