



## HUNGARIAN VOLUNTARY RETURN, REINTEGRATION AND INFORMATION PROGRAMME APPLICATION FORM (MMIA-3.2.1/5-2018-00001; RT.1454)

**This project is implemented with the financial support of the Asylum, Migration and Integration Fund – AMIF of the European Union**

Family Name/s				
First Name/s				
Date of Birth		Gender (male/female)		
Place of Birth		Citizenship		
Address in Hungary		Telephone		
Immigration status in Hungary	Irregular migrant <input type="checkbox"/> Asylum application pending <input type="checkbox"/> Asylum application withdrawn <input type="checkbox"/> Asylum application rejected <input type="checkbox"/> Not categorized in this list <input type="checkbox"/> Specify: .....			
Documents available	Passport <input type="checkbox"/> ID Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driving License <input type="checkbox"/> No Documents available <input type="checkbox"/>			
Please list the family members travelling with you				
Last Name	First Name	Date of birth	Gender (male/female)	Relationship to Applicant
Do you have any special needs for travel (medication, escort, wheelchair, etc.)?				



International Organization for Migration (IOM)  
The UN Migration Agency



Equity and security



Funded by the European Union

ASYLUM, MIGRATION AND INTEGRATION FUND

Is IOM assistance required ... - ... to transit through an airport? Yes <input type="checkbox"/> No <input type="checkbox"/> - ... at airport upon return? Yes <input type="checkbox"/> No <input type="checkbox"/> - ... to travel home from airport? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of settlement: ..... No <input type="checkbox"/>	
Address in country of origin (please state full address)			
E-mail		Telephone	
How did you hear about IOM's Voluntary Return and Reintegration Programme? (Please tick all that apply)			
<input type="checkbox"/> IOM websites <input type="checkbox"/> IOM info materials (brochures, posters) <input type="checkbox"/> IOM multi-lingual phone line <input type="checkbox"/> IOM representative during a personal visit <input type="checkbox"/> Reception Center staff <input type="checkbox"/> Detention Center staff (Police or guards) <input type="checkbox"/> Social workers, NGO workers			
<input type="checkbox"/> State Authorities <input type="checkbox"/> Other migrants <input type="checkbox"/> Friends, members of the community <input type="checkbox"/> Family <input type="checkbox"/> I don't know <input type="checkbox"/> Other - please specify:.....			

Free number (from Hungary) of IOM Budapest: **06.80.205.018**  
 International call: **0036.80.205.018**  
 Website: **www.volret.hu**



**VOLUNTARY RETURN DECLARATION FORM**

**HUNGARIAN VOLUNTARY RETURN, REINTEGRATION  
AND INFORMATION PROGRAMME**  
**(MMIA-3.2.1/5-2018-00001; RT.1454)**

**NOTE FOR IOM STAFF/PARTNERS:**

***Each individual who is eligible and is being considered for IOM voluntary return and reintegration assistance must be able to understand the content of this form before signing. Please allow the individual to read the form (and ensure it is translated in a language understood by the applicant) and explain its meaning as well as its content before asking him/her to sign it.***

I, the undersigned, \_\_\_\_\_, hereby express my will to return to my home country or a third country (where I am entitled to permanent residence), which is \_\_\_\_\_, through the assistance of the International Organization for Migration (hereinafter IOM).

I confirm that I have been informed about the assistance that I will receive and the conditions of the voluntary return and reintegration process.

I understand that the assistance provided under this programme does not include the possibility to remain in any transit country. I understand that I may be interviewed and/or questioned by national authorities upon arrival. I further understand that IOM will not be in a position to interfere with rules and procedures established by airport or immigration authorities in transit or upon arrival.

I acknowledge, for myself and for any person for whom I have the right to do so as well as for relevant heirs and estate, that IOM will not be held liable for any damage caused, directly or indirectly, to me or any such person in connection with IOM assistance that derives from circumstances outside the control of IOM.

I hereby authorize IOM and any authorized person or entity acting on behalf of IOM to collect, use, disclose and dispose of my personal data and, where applicable, the personal data of my dependants for the following purposes:

PURPOSES Specified and defined prior to data collection	DESCRIPTION  To be filled in by data controllers/interviewers	CONSENT	
		YES	NO
(a) Assisted voluntary return and reintegration			
(b) Additional assistance			



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(c) Research			
(d) Other			

I agree that my personal data may be disclosed to the following third parties: the Donor and/or relevant NGO's to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

I declare that I have shared with IOM or its partners all information on any medical condition that may affect my and other persons' well-being during the voluntary return and reintegration process. I also declare that, should the before described information change in the period prior to my departure, I will promptly inform IOM or its partners.

I declare that the information I have provided is true and correct to the best of my knowledge. I understand that if I make a false statement in signing this form, IOM may not be able to provide the assistance.

\_\_\_\_\_  
**Applicant's (or legal representative) signature**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
**Interpreter's signature [if applicable]:**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
**Signature of the Representative of IOM or of the Delegate Partner**

\_\_\_\_\_  
Date and place