



International Organization for Migration (IOM)
The UN Migration Agency



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

COMPLEX REINTEGRATION ASSISTANCE TO ASSISTED VOLUNTARY RETURNS APPLICATION FORM

This project is implemented with the financial support of the Asylum, Migration and Integration Fund

IMPORTANT:

Please kindly note that this application form is only the first stage of selecting the best reintegration plans. This document serves the purposes of a *preliminary assessment* of your reintegration ideas and needs. If your reintegration plan is found to be promising, you will be contacted by an IOM colleague working in your home country to start the next phase of the selection procedure. IOM colleague will be in touch with you to discuss the details of your chosen reintegration activity and to assist you in formulating a *more detailed version* of your reintegration plan. After the necessary details are clarified, you will be informed if your reintegration plan is selected for funding or not. Please note that reintegration grants are provided only to *selected applicants* based on availability of funding, and on the quality and sustainability of the reintegration plan. Please be informed that only 10% of all reintegration grant applicants receives support. The amount of reintegration grant is maximum EUR 2500.

You are kindly asked to pay particular attention to filing out your contact information because IOM will get in touch with you once this application form is evaluated.

1. Personal data	
Last name:	First name:
Address in home country:	
Telephone in home country:	Email:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other - please specify:.....	
How many children do you have?	
Please tick the highest education level you have:	
<input type="checkbox"/> No formal education	<input type="checkbox"/> Higher education
<input type="checkbox"/> Primary education	<input type="checkbox"/> Other – please specify:.....
<input type="checkbox"/> Secondary education	



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2. Reintegration activity (Please note that the options chosen are indications only and they can be modified later)

If your reintegration plan is selected for funding, what do you intend to do with the reintegration grant in your home country?
Please tick all that apply.

- Start a small business
- Enter in a business partnership
- Further my education

- Subsidize my salary
- I have not decided yet
- Other – please specify:

Please describe your chosen reintegration activity (e.g. type of business or training), your relevant educational background, your most important skills and work experience as detailed as possible. Generally speaking, the more precise your reintegration plan is, the more likely it will get supported.

Planned activity:

Relevant experience/background:

Other important details/remarks:



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3. Needs-based support (*Please note that the options chosen are indications only and they can be modified later*)

Upon return, do you expect to face any immediate and pressing needs that may cause difficulties for you to implement your reintegration activity? If yes, please tick all types of support you may need.

- | | |
|---|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Costs of administrative procedures (e.g. issuance of ID) | |
| <input type="checkbox"/> Other – please specify: | |

Please describe how the indicated difficulties may cause problems to the successful implementation of your reintegration activity and how they can be eased.

.....
Date, place

.....
Applicant's signature

Phone number of IOM Budapest (toll free from Hungary): 06.80.205.018