



IOM International Organization for Migration
IOM Den internasjonale organisasjon for migrasjon

APPLICATION FOR VOLUNTARY ASSISTED RETURN PROGRAMME (VARP) NORWAY SØKNAD FOR DET FRIVILLIGE RETURPROGRAMMET

A. Personal Information/Personlig informasjon:

B. Personal Information/Personlig informasjon:

(All persons above 18 years must sign a separate declaration form on page 3/Alle personer over 18 år må undertegne erklæringen på side 3)

DUF Number/ DUF-nummer:		DUF Number/ DUF-nummer:	
Surname/ Etternavn:		Surname/ Etternavn:	
First Name/Fornavn:		First Name/Fornavn:	
Date of Birth/ Fødselsdato:		Date of Birth/ Fødselsdato:	
Nationality/ Statsborgerskap:		Nationality/ Statsborgerskap:	
City and Country of Birth/Fødeby og land:		City and Country of Birth/Fødeby og land:	
Gender/Kjønn:	Male/Mann <input type="radio"/> Female/Kvinne <input type="radio"/> Other/Annet <input type="radio"/>	Gender/Kjønn:	Male/Mann <input type="radio"/> Female/Kvinne <input type="radio"/> Other/Annet <input type="radio"/>
Marital status/ Sivilstatus:	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Co-habitation	Marital status/ Sivilstatus:	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Co-habitation
How did you hear about IOM/Hvordan hørte du om IOM:	IOM <input type="checkbox"/> UDI <input type="checkbox"/> RC <input type="checkbox"/> Friends <input type="checkbox"/> Lawyer <input type="checkbox"/> Internet <input type="checkbox"/> Police <input type="checkbox"/> NOAS <input type="checkbox"/> Others: _____	How did you hear about IOM/Hvordan hørte du om IOM:	IOM <input type="checkbox"/> UDI <input type="checkbox"/> RC <input type="checkbox"/> Friends <input type="checkbox"/> Lawyer <input type="checkbox"/> Internet <input type="checkbox"/> Police <input type="checkbox"/> NOAS <input type="checkbox"/> Others: _____

C. Please list family members traveling with you/Vennligst fyll inn informasjon om de familiemedlemmene som skal reise sammen med deg:

DUF Number / DUF-nummer:	Last Name/ Etternavn:	First Name/ Fornavn:	Date of Birth/ Fødselsdato:	Nationality/ Nasjonalitet:	Relationship to applicant/ Forhold til søker:

(If you need more space, please use the space after section H/Dersom du trenger mer plass, vennligst benytt plassen etter seksjon H)

D. Contact Information/Kontaktinformasjon:

Address in Norway/ Adresse i Norge:	Do you live in a Reception Center?/ Bor du på et mottak?:	Yes/Ja <input type="radio"/> No/Nei <input type="radio"/>	If the answer is yes, please write the name of the Reception Center/ Dersom svaret er Ja, vennligst skriv navnet på mottaket:		
	Private Address in Norway/Privat- adresse i Norge:	Street Name/Gatenavn:	Post Code and City/Postnr. og sted:		
Contact Information/ Kontaktinformasjon:	Applicant/Søker:	Reception Center/Mottak:	Friends or relatives/Venner eller slektninger:		
Phone number(s)/Telefonnummer:					
Email Address/E-post-adresse:					

E. Passports or travel documents for each family member/Pass og reisebevis for hvert familiemedlem:

First name of the passport owner/Fornavn til passholder:	Where is it?/ Hvor er det?:	Date of issue/ Utstedelsesdato:	Date of expiry/ Gyldighetsdato:	Document number/ Dokumentnummer:

(If you need more space, please use the space after section H/Dersom du trenger mer plass, vennligst benytt plassen etter seksjon H)

F. Documents/Dokumenter: (Please list the ID documents you are in possession of or that you may have handed over to the Norwegian Authorities, such as: National ID card, birth certificate, etc./Vennligst fyll inn informasjon om de ID-dokumentene som er i din besittelse, eller som du har levert til norske myndigheter, som nasjonalt ID-kort, fødselsattest, osv.)

#	Document/Dokument:	Where is it?/ Hvor er det?:	Number of docs./ Antall doks.:	#	Document/Dokument:	Where is it?/ Hvor er det?:	Number of docs./ Antall doks.:
1				4			
2				5			
3				6			

G. Health related concerns/Helsetilstand:

Do you have a health problem?/ Har du et helseproblem?:	Yes/Ja: <input type="radio"/> No/Nei: <input type="radio"/>
If the answer is (Yes), please specify/Dersom svaret er Ja, vennligst spesifiser:	
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.....	
.....	

H. Travel Related Needs/Behov i forbindelse med reisen:

Home Country/Hjemland:	Airport/Flyplass:	Final Destination/Endelig bestemmelsessted:
Is there any other information you consider important for IOM to know?/Finnes det annen tilleggsinformasjon som du mener IOM bør vite om?:		
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.....		
.....		
.....		

VOLUNTARY RETURN DECLARATION AND AUTHORIZATION FOR COLLECTION OF PERSONAL DATA

I, the undersigned, _____ express my informed decision to return voluntarily to my home country or a third country (where I'm entitled to permanent residence), which is _____, through the assistance of the International Organization for Migration (hereinafter, "IOM".) I understand that I will not be allowed to stop over in any transit country.

I understand that the personal data of myself and my dependents, as listed in the column below, are necessary for the provision of IOM's assistance in the framework of an Assisted Voluntary Return and Reintegration programme. The programme aims to provide assistance to voluntary return and reintegration. I have been informed about the specified and additional purpose(s) and hereby authorize IOM and any authorized person or entity acting on behalf of IOM to collect, use, disclose and dispose of the personal data provided in this form. I am aware and agree that selected personal data such as name, DUF number and date of birth will be shared with and processed by Utlendingsdirektoratet (UDI) to achieve the specified purpose(s).

I hereby, for myself, as well as for my dependents, heirs and estate, release, discharge, and agree to hold harmless IOM from any liability or damage caused, directly or indirectly, to me, my child, my family or other dependents in connection with this authorization. I agree, for myself, as well as for my dependents, heirs and estate, that in the event of personal injury or death 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 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, the assistance provided by IOM can be terminated at any time.

Applicant's signature: _____

Place and date: _____

Dependents (should correspond with those in the Application Form):

Last Name:	First Name:	Date:	Place:	Signature of Applicant or Legal Guardian:	Signature 2 ¹ (if applicable):

Please, fax (23105323) or scan and then email this form to IOM at IOMOsloVARP@iom.int. In addition, the **Original** must be sent by post to: **P.O. Box 8927 Youngstorget, 0028 Oslo.**

Applications will not be considered without Declaration Forms filled out in full.

¹ Please note that all minors under the age of 18 require the signature of both parents/legal guardian