The ERIN program is a joint return and reintegration program of several European partner institutions. Main purpose is the reintegration assistance upon returning to the country of origin.  
*Das ERIN-Programm ist ein gemeinsames Rückkehr- und Reintegrationsprogramm mehrerer europäischer Partnerbehörden. Hauptziel ist die Unterstützung bei der Reintegration nach erfolgter Rückkehr in das Herkunftsland.*

**ERIN**

**European Reintegration Network**

**Application form for reintegration assistance**

Please fill out the application form preferably in English!

*Bitte den ERIN-Antrag bevorzugt auf Englisch ausfüllen!*

Applications are only to be submitted through one of the local or regional authorities (e.g. social welfare

offices, aliens´ affairs offices), voluntary welfare agencies, specialized NGOs or the UNHCR. Please find a return counselor office nearby through: [www.returningfromgermany.de](http://www.returningfromgermany.de)

*Anträge sind nur über eine Kommunal- bzw. Landesbehörde (z.B. Sozialamt, Ausländerbehörde), Wohlfahrtsverbände, Fachberatungsstellen, Zentrale Rückkehrberatungsstellen oder über den UNHCR zu stellen. Über* [*www.returningfromgermany.de*](http://www.returningfromgermany.de) *finden Sie eine Rückkehrberatungsstelle in Ihrer Nähe.*

The assistance through ERIN is in kind, **no cash** assistance is granted through ERIN.

*Die Unterstützung über ERIN erfolgt ausschließlich in Sachleistungen. Es werden* ***keine Geldleistungen*** *ausbezahlt.*

Please submit this application form completed and signed as well as the identity documents (scan) and supporting documentation for vulnerability by e-mail to:

*Bitte übersenden Sie den in Englisch ausgefüllten und unterschriebenen Antrag sowie die Identitätsdokumente (Scan) und ggfs. aktuelle Nachweise über Vulnerabilität per E-Mail an:*

[**reintegration@bamf.bund.de**](mailto:reintegration@bamf.bund.de)

**Please keep the provisions of the Data Privacy Act (Pt. 5) in mind before completing the application form!**

***Bitte beachten Sie vor dem Ausfüllen des Antrages die Hinweise zu den Datenschutzbestimmungen (Punkt 6)!***

|  |  |
| --- | --- |
| **Destination (target country)** |  |

Target countries available: <http://www.bamf.de/DE/Rueckkehr/Reintegration/ProjektERIN/projekt_erin-node.html>

*Return to Iraq: Please indicate IRAQ/KRG or IRAQ/Central*

1. **Lead Applicant´s data:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name | |  | | |
| First name(s) | |  | | |
| Date of birth / Gender | |  | male /  female | |
| Place of birth *(city, district)* | |  | | |
| Nationality/ Ethnicity *(if applicable)* | |  | | |
| Contact data in Germany  *(address, e-mail, phone number)* | |  | | |
| AZR | Asylum file number | AZR: | | BAMF: |
| Date of arrival in Germany | |  | | |
| Date of departure[[1]](#footnote-1) (scheduled) | |  | | |
| Flight details | |  | | |
| Target destination (city in home country) | |  | | |
| Contact data in home country  (Information needed to get in touch with the applicant) | | Name:  Address:  Country:  Phone:  E-mail: | | |
| Current status | | asylum seeker  Order to leave Germany / asylum application rejected  On-going asylum procedure  protection status granted  temporary suspension of deportation (Duldung)  Other legal *(temporary)* stay: | | |
| Vulnerabilites[[2]](#footnote-2) (Supporting documentation has to be attached) | |  | | |
| Are the applicant and family members returning fundless (mittellos) according to the REAG/GARP-regulations? | | No  Yes / supporting documentation : | | |
| On-going / terminated criminal case | | No  Yes (penalties, fines): | | |

1. **Family members returning from Germany**

Please list further family members returning to the home country *(not lead applicant):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Relationship to main applicant *(spouse, daughter, son, etc.)* | Date of birth | Nationality | Vulnerabilities |
|  |  |  |  |  |  |
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1. **Schooling and vocational skills**
2. **Graduation**

|  |  |
| --- | --- |
| Main applicant | Spouse *(if applicable)* |
| No formal school leaving certificate  Primary school  Secondary school  High school / University  Specific trainings / Skills: | No formal school leaving certificate  Primary school  Secondary school  High school / University  Specific trainings / Skills: |

1. **Vocational skills, specific trainings**

|  |  |
| --- | --- |
| Main applicant | Spouse *(if applicable)* |
| Occupational activities/jobs in home country:    Occupational activites / jobs in Germany: | Occupational activities/jobs in home country:    Occupational activites / jobs in Germany: |

1. **Language skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (Mother tongue first) | Level *(main applicant)* | | | Level *(spouse)* | | |
| Good | Small conversation | Poor | Good | Small conversation | Poor |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Requirements on reintegration assistance**Supplementary remarks can be added in the native language.

|  |  |  |
| --- | --- | --- |
|  | **Assistance** | **Brief description** (a brief description of the needed reintegration assistance has to be included) |
|  | Airport pick-up  *(Note: Costs will be deducted from the reintegration package; choose only if necessary. Flight details are needed at least 7 days before departure)* | *destination airport, individual needs upon arrival (onward travelling)* |
|  | Temporary accommodation upon arrival  *(Note: Costs will be deducted from the reintegration package; choose only if necessary. Flight details are needed at least 7 days before departure)* | *Individual needs for the first few days upon arrival* |
|  | Assistance in setting up small scale businesses | *Options/ Ideas of businesses, individual skills* |
|  | Assistance in job placement, contact to employers,  labour market *(General information)* | *Individual needs for a job* |
|  | Vocational trainings needed for a business or job | *Purpose and kind of training* |
|  | Social / medical /  psycho­logical treatment | *Individual care, medical treatment* |
|  | Administrative and legal advice / assistance | *Advice, nursery, schooling, legal issues* |
|  | Family tracing |  |
|  | Other individual requirements |  |

1. **Data privacy / Datenschutz - Please pay carefully attention to the data privacy**

**Your application may only be processed if you have agreed with the following declaration!**

|  |
| --- |
| I hereby agree that my personal data which I have provided during the application process for the ERIN programme return and reintegration assistance may be collected, stored, processed, used and forwarded in order to ascertain the eligibility and participation in the ERIN program and its evaluation. Data will be provided to the following program partners only: BAMF, ERIN Service Provider, ERIN Program Management Unit and referral organisations (no details will be forwarded to any other public or private institutions). My consent is subject to observance of the applicable data protection laws. I have been informed that my application form cannot be processed without this declaration of consent!  *Ich bin mit der Erfassung, Speicherung, Verarbeitung, Nutzung und Weitergabe meiner personenbezogenen Daten, die im Rahmen des Antragsverfahrens erhoben werden, zur Prüfung der Förderfähigkeit und zur Teilnahme am ERIN-Programm einschließlich dessen Evaluierung, einverstanden. Daten werden nur an folgende Programmbeteiligte weitergegeben: BAMF, ERIN-Vertragspartner, ERIN-Leitung und antragsübermittelnde Stellen (keine Weitergabe an andere öffentliche oder private Institutionen). Meine Zustimmung unterliegt den datenschutzrechtlichen Bestimmungen. Ich wurde darüber unterrichtet, dass ohne meine Einverständniserklärung mein Antrag nicht bearbeitet werden kann.* |

**The following declarations are optional.**

***Die nachfolgenden Erklärungen sind optional.***

|  |
| --- |
| I will keep the return counseling agency / BAMF updated on my reintegration progress.  The main purpose of your feedback is to improve the services.  *Ich gebe der Rückkehrberatungstelle / BAMF Auskunft über meine Reintegrationsfortschritte. Hauptzweck Ihrer Rückmeldung ist die Verbesserung der Dienstleistungen.* |

|  |
| --- |
| Main considerations / reasons why opting to return  No residence (e.g order to leave the host country)  No prospectives  Return on family reasons  Return on other reasons: |

**All information provided in this application form is complete and according to the truth. There is no entitlement to receive the ERIN assistance and I/we have to refund all ERIN grants when I/we irregularly re-enter German (resp. Schengen area) territory.**

***Ich bestätige die Richtigkeit und Wahrheit der im Antrag angegebenen Informationen. Es besteht kein Anspruch auf ERIN-Unterstützung und ich muss/wir müssen alle ERIN-Hilfen bei irregulärer Wiedereinreise in deutsches Hoheitsgebiet (bzw. Schengenraum) erstatten.***

……………………………………………………………… ………………………………………………………………

Date / *Datum* Signature / *Unterschrift* (Applicant / *Antragsteller*)

Date / *Datum* Signature / *Unterschrift* *(*Spouse */ Ehegatte)*

Date / *Datum* Signature / *Unterschrift* *(*custodian of UM */ Vormundschaft bei UM)*

1. **For the referral organisation (e.g. return counseling agency, local authority) only:   
    Nur für die antragübermittelnde Stelle (z.B. Rückkehrberatungsstelle, Ausländerbehörde):**

|  |  |
| --- | --- |
| Referring institution / address  *Antragübermittelnde Stelle / Anschrfit* |  |
| Case worker / *Bearbeiter(in)* |  |
| Phone / Telefon: |  |
| e-mail / E-Mail: |  |
| Date*,* Signature / Datum, Unterschrift | , |

|  |  |
| --- | --- |
| **Technical notes**  The ERIN application form needs to be signed by the applicant(s) in order to be processed.  Please send the application form to:  [**reintegration@bamf.bund.de**](mailto:reintegration@bamf.bund.de)  Subject: **ERIN – [return country]**, [**name of returnee]** | ***Technische Hinweise***  *Der ERIN-Antrag muss für eine Bearbeitung vom Antragsteller/den Antragstellern) unterzeichnet sein.*  *Bitte senden Sie den Antrag an:*  [***reintegration@bamf.bund.de***](mailto:reintegration@bamf.bund.de)  *Betreff:* ***ERIN – [Rückkehrland], [Name des Rückkehrers]*** |
| **Along with an ID document** (e.g. passport, laisser passer, toleration permit) and | ***Zusammen mit einem Identitätsdokument***  *(z. B. Nationalpass, Passersatzpapier, EU-Laissez-Passer) und* |
| in case of a vulnerable person: supporting documentation. | *gegebenenfalls Nachweise über bestehende Vulnerabilität.* |
| The BAMF will upon verification confirm the eligibility *(if applicable)* and inform the respective ERIN Service Provider as well as the return counseling agency / local authority. | *Das BAMF bestätigt nach Prüfung die Förderfähigkeit (soweit zutreffend) und unterrichtet den zuständigen ERIN Vertragspartner sowie die antragübermittelnde Stelle.* |
| To be eligible for assistance within the ERIN programme it is required that the applicant has stayed in Germany for at least six months. | *Voraussetzung für eine Förderung im Rahmen des ERIN-Programms ist ein mindestens sechs-monatiger Aufenthalt in Deutschland.* |

Contact: Federal Office for Migration and Refugees | Bundesamt für Migration und Flüchtlinge

e-mail: [reintegration@bamf.bund.de](mailto:reintegration@bamf.bund.de)

1. *Once the departure is known, the departure date and the specific flight data must be communicated to the BAMF by e-mail.* [↑](#footnote-ref-1)
2. *Vulnerable groups in this context are: unaccompanied minors (<18), single parent with children (<18), elder persons (60+), specific medical*

   *needs, disability, pregnancy, victims of trafficking / forced prostitution. Please attach up-to-date supporting documentation.* [↑](#footnote-ref-2)