Please fill in the application form in English! *Bitte den Antrag auf Englisch ausfüllen!*

**ERRIN/ AP2016**

**European Return and Reintegration Network**

**Application form for reintegration assistance**

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

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

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

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

**Please keep the provisions of the Declaration of Consent to Data Privacy Statement (Pt. 5) in mind before completing the application form! / *Bitte beachten Sie vor dem Ausfüllen des Antrags die Datenschutzrechtliche Einwilligungserklärung (5.)!***

1. **Lead Applicant´s data/ *Daten des Antragstellers***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Destination (target country)/Zielland  ***Return to Iraq:******Please indicate IRQ/KRG or IRQ/Central*** | | | |  | | | | | |
| Last name/ *Nachname* | | | |  | | | | | |
| First name(s)/*Vorname* | | | |  | | | | | |
| Date of birth/Gender/ *Geburtsdatum/ Geschlecht* | | | |  | | male /  female | | | |
| Place of birth *(city, district)/Geburtsort* | | | |  | | | | | |
| Nationality/ Ethnicity*/ Nationalität/Ethnie* | | | |  | | | | | |
| Contact data in Germany / *Kontaktdaten in D*  *(address, e-mail, phone number)* | | | |  | | | | | |
| AZR | Asylum file number | | | AZR: | | | | BAMF: | |
| Family members returning from Germany/ Gemeinsam ausreisende *Familienmitglieder* | | | | Are the applicant and returning family members destitute according to the REAG/GARP-regulations?/ *Sind Antragsteller und gemeinsam ausreisende Personen mittellos gemäß REAG/GARP?*  No  Yes, please indicate type of documentation | | | | | |
| Last Name | | First Name | Relationship to lead applicant *(spouse, son, etc.)* | | Date of birth | | Nationality | | Vulnerabilities |
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| Contact data in home country  (Information needed to get in touch with the applicant)  *Kontaktdaten im Herkunftsland*  *(zur Kontaktaufnahme durch Service Provider)* | | | | Name:  Address:  Country:  Phone:  E-mail: | | | | | |
| Residence (Lead applicant)  *Aufenthaltsstatus (Hauptantragsteller)* | | | | On-going asylum procedure/ *laufendes Asylverfahren*  protection status granted/ *Schutzstatus*  Order to leave Germany / *Ausreiseaufforderung*  temporary suspension of deportation/ *Duldung* | | | | | |
| Vulnerabilities (Please add documents)  *Vulnerabilitäten – bitte Nachweise beifügen* | | | | *unaccompanied minors (<18)/unbegleitete Minderjährige*  *single parent with children (<18)/ alleinerziehende Eltern*  *elder persons (60+)/ ältere Personen*  *victims of trafficking / forced prostitution/ Opfer von Menschenhandel/ Zwangsprostitution*  *specific medical needs (e.g. medical diseases, disability, pregnancy)/ besondere medizinische Bedarfe (z.B. Krankheiten, Behinderungen, Schwangerschaft)* | | | | | |
| On-going / terminated criminal case/ *Straftaten* | | | | No  Yes (penalties, fines): | | | | | |

1. **Information linked to departure / *Informationen im Zusammenhang mit der Ausreise***

|  |  |
| --- | --- |
| Date of departure (scheduled)/ *Ausreisedatum (geplant)* |  |
| Target destination (city in home country)/ *Zielort* |  |
| Counselling dates before departure/ Beratungstermine vor Ausreise | (dd/mm/yyyy) |

Ggfs. Kostenpflichtige Services – bitte nur ankreuzen, wenn nötig***. Flugdaten werden mind. 7 Tage vorher benötigt***

|  |  |
| --- | --- |
| Airport pick-up / *Flughafenabholung* | Emergency accommodation upon arrival/  *Notunterbringung nach der Ankunft for/für*       days/Tage |
| *Flugdaten (Zielflughafen, Flugnummer, Ankunftszeit):* | |

1. **Schooling and vocational skills (lead applicant)/ *Schulbildung und berufliche Fähigkeiten***
2. **Graduation and Vocational skills, specific trainings / Abschlüsse, berufliche Fähigkeiten, spezielle Trainings**

|  |  |
| --- | --- |
| Primary school/*Grundschule*  Secondary school/ *weiterführende Schule*  None | University  Specific trainings / Skills: |
| Occupational activities/ jobs in home country/ *berufliche Tätigkeit im Herkunftsland*: | Occupational activites/ jobs in Germany/ *berufliche Tätigkeit in Deutschland*: |

1. **Language skills/ Sprachkenntnisse**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother tongue first/ *Muttersprache zuerst* | Good | Small conversation | Poor |
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1. **Needs on reintegration assistance/ Benötigte Reintegrationsunterstützung**

**4.1 ERRIN reintegration assistance**

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|  | **Assistance** | **Brief description** (a brief description of the needed reintegration assistance has to be included) |
|  | Assistance in setting up a small scale business  *Hilfe bei einer Existenzgründung* | *Ideas of businesses, individual skills/ Ideen für Existenzgründung, individuelle Fähigkeiten* |
|  | Assistance in job placement, contact to employers,  labour market *(General information)*  *Hilfe bei der Jobsuche* | *Individual needs for a job/ Individuelle Bedürfnisse für eine Arbeitsstelle* |
|  | Vocational trainings needed for a business or job  *Berufliche Qualifizierungsmaßnahmen* | *Purpose and kind of training/ Ziel und Art der Schulung* |
|  | Social / medical /  psycho­logical treatment  *Soziale/ medizinische/ psychologische Behandlung* | *Individual care, medical treatment/ Individuelle Pflege, med. Behandlung – Attest beifügen!* |
|  | Administrative and legal advice / assistance  *Unterstützung bei administrativen und rechtlichen Angelegenheiten* | *Advice, nursery, schooling, legal issues/ Beratung, Kinderbetreuung, Schule, rechtl. Belange* |
|  | Housing (e.g. rent, basic household appliances)  *Wohnen (z.B. Miete, Grundausstattung der Wohnung)* |  |
|  | Other individual needs (e.g. tuition fee, family tracing)  *Andere individuelle Bedürfnisse (z.B. Schulgebühren, Familienzusammenführung* |  |

* 1. **AP2016 – top-up/** AP2016 – Zusatzförderung

**Only available in Afghanistan, Ethiopia, Ghana, Iraq, Nigeria, Pakistan, The Gambia**

Nur für die Zielländer Äthiopien, Afghanistan, Gambia, Ghana, Irak, Nigeria, Pakistan

**Die Teilnahme an einer Reintegrationsvorbereitenden Maßnahme ist verpflichtend, um das AP2016- Top- up zu erhalten.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Business start-up plus** | **or** | **Training and Employment for Women** |
|  | Support for extended business activities when creating at least one additional job (male/female applicant)/Erweiterte Existenzgründung bei Schaffung von mind. einem Arbeitsplatz (für Frauen/ Männer) |  | Support for women in professional qualifications /Unterstützung für Frauen bei der beruflichen Qualifizierung |

|  |  |
| --- | --- |
| Teilnahme an einer reintegrationsvorbereitenden Maßnahme vor der Ausreise? | Ja  Nein |
| Die Teilnahmebestätigung des Trägers ist beigefügt/ wird nachgereicht. | Ja  Nein |

AP2016:<https://www.returningfromgermany.de/de/programmes/erin-action-plan-2016-ap-2016>

1. **Declaration of Consent to Data Privacy Statement/ Datenschutzrechtliche Einwilligungserklärung**

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

**Eine Antragsbearbeitung erfolgt nur bei Zustimmung der nachfolgenden Datenschutzerklärung!**

|  |
| --- |
| I agree that the bodies involved in my return and reintegration assistance (Return Counseling Center, Federal Office for Migration and Refugees / Return Unit and, if applicable, Local registration office) have the following personal data:   * Surname, first name, date of birth, gender, marital status, family members (if applicable), country of origin, nationality (including ID), address of residence, telephone number * departure date * educational qualification, professional activities, if applicable health data * Reintegration needs after the return   for the purposes of data collection, data storage, data processing and data use (eg Federal Office for Migration and Refugees).  I understand that the above-mentioned data for the purposes of data processing, transfer and use of data to the following:   * Responsible ERRIN service provider in the country of return (if necessary, reconciliation with the International Organization for Migration) * ERRIN management and * EU Commission   for the purpose of   * Preparation and implementation of return and reintegration measures * Program control and determination / billing of expenses * Develop new funding approaches based on collected data   may be used.  I am also aware that without the consent to the disclosure of my data a return and / or reintegration support is not possible.  My personal data collected in the context of the aforementioned purposes will be collected, processed (stored) to the necessary extent in accordance with the General Data Protection Regulation (GDPR) and transmitted to authorized agencies.  I can refuse my data protection consent without adverse consequences or revoke it at any time with effect for the future.  I am aware that this means that further processing or (further) granting of any future services is no longer possible.  My revocation declaration must be sent to:  Federal Office for Migration and Refugees  Unit 72A (Return),  Frankenstr. 210, 90461 Nuremberg  E-Mail: [reintegration@bamf.bund.de](mailto:reintegration@bamf.bund.de)  In case of revocation or withdrawal of my application, I can also request the deletion of data relating to me. |

**All information provided in this application form is complete and according to the truth.**

**There is no entitlement to receive the ERRIN assistance and I/we have to refund all ERRIN 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 ERRIN-Unterstützung und ich muss/wir müssen alle ERRIN-Hilfen bei***

***irregulärer Wiedereinreise nach Deutschland (bzw. Schengenraum) erstatten.***

……………………………………………………………………………………………. …………………………………………………………………………….

Date / *Datum* Signature Applicant / *Unterschrift Antragsteller* Date / *Datum* Signature Spouse / *Unterschrift Ehegatte*

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

|  |
| --- |
| 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 / Gründe für die Rückkehr:  No residence (e.g order to leave the host country)/ Kein Aufenthalt  No prospectives/ Keine Perspektiven  Return for family reasons/ Rückkehr aus familiären Gründen  Return for other reasons/ Andere Gründe: |

1. **For the referral organisation (e.g. return counseling agency, local authority) only:   
    Von der antragübermittelnden Stelle auszufüllen (z.B. Rückkehrberatungsstelle, ABH):**

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

The ERRIN programme 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 ERRIN-Programm ist ein gemeinsames Rückkehr- und Reintegrationsprogramm mehrerer europäischer Partnerbehörden. Hauptziel ist die Unterstützung der Reintegration nach erfolgter Rückkehr in das Herkunftsland.*

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

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