

# ERRIN

## European Return and Reintegration Network

### Application form for reintegration assistance



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

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

Destination (target country)/Zielland <i>Return to Iraq: Please indicate IRQ/KRG or IRQ/Central</i>					
Last name/ <i>Nachname</i>					
First name(s)/ <i>Vorname</i>					
Date of birth/Gender/ <i>Geburtsdatum/ Geschlecht</i>		<input type="checkbox"/> male / <input type="checkbox"/> female			
Place of birth (city, district)/ <i>Geburtsort</i>					
Nationality/ Ethnicity/ <i>Nationalität/Ethnie</i>					
Contact data in Germany / <i>Kontakt Daten in D (address, e-mail, phone number)</i>					
AZR	Asylum file number	AZR:	BAMF:		
Family members returning from Germany/ <i>Gemeinsam ausreisende Familienmitglieder</i>		Are the applicant and returning family members destitute according to the REAG/GARP-regulations? / <i>Sind die Antragsteller u. gemeinsam ausreisende(n) Personen mittellos gemäß REAG/GARP?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate type of documentation			
Last Name	First Name	Relationship to lead applicant ( <i>spouse, son, etc.</i> )	Date of birth	Nationality	Vulnerabilities

<b>Contact data in home country</b> (Information needed to get in touch with the applicant)  <i>Kontaktdaten im Herkunftsland</i> <i>(zur Kontaktaufnahme durch Service Provider)</i>	Name: Address: Country: Phone: E-mail:
<b>Residence (Lead applicant)</b> <i>Aufenthaltsstatus (Hauptantragsteller)</i>	<input type="checkbox"/> On-going asylum procedure/ <i>laufendes Asylverfahren</i> <input type="checkbox"/> protection status granted/ <i>Schutzstatus</i> <input type="checkbox"/> Order to leave Germany / <i>Ausreiseaufforderung</i> <input type="checkbox"/> temporary suspension of deportation/ <i>Duldung</i>
<b>Vulnerabilities (Please add documents)</b> <i>Vulnerabilitäten – bitte Nachweise beifügen</i>	<input type="checkbox"/> <i>unaccompanied minors (&lt;18)/unbegleitete Minderjährige</i> <input type="checkbox"/> <i>single parent with children (&lt;18)/ alleinerziehende Eltern</i> <input type="checkbox"/> <i>elder persons (60+)/ ältere Personen</i> <input type="checkbox"/> <i>victims of trafficking / forced prostitution/ Opfer von Menschenhandel/ Zwangsprostitution</i> <input type="checkbox"/> <i>specific medical needs (e.g. medical diseases, disability, pregnancy)/ besondere medizinische Bedarfe (z.B. Krankheiten, Behinderungen, Schwangerschaft)</i>
<b>On-going / terminated criminal case/ Straftaten</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (penalties, fines):

## 2. Information linked to departure / Informationen im Zusammenhang mit der Ausreise

Date of departure (scheduled)/ <i>Ausreisedatum (geplant)</i>	
Target destination (city in home country)/ <i>Zielort</i>	
Counselling dates before departure/ <i>Beratungstermine vor Ausreise</i>	
Qualification measures preparing for return/ <i>Teilnahme an einer RkVM- Projekt Start HOPE</i>	

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

<input type="checkbox"/> Airport pick-up / <i>Flughafenabholung</i>	<input type="checkbox"/> Emergency accommodation upon arrival/ <i>Notunterbringung nach der Ankunft for/für</i>	days/Tage
<i>Flugdaten (Zielflughafen, Flugnummer, Ankunftszeit):</i>		

## 3. Schooling and vocational skills (lead applicant)/ Schulbildung und berufliche Fähigkeiten

### a) Graduation and Vocational skills, specific trainings / Abschlüsse, berufliche Fähigkeiten, spezielle Trainings

<input type="checkbox"/> Primary school/ <i>Grundschule</i> <input type="checkbox"/> Secondary school/ <i>weiterführende Schule</i> <input type="checkbox"/> None	<input type="checkbox"/> University <input type="checkbox"/> Specific trainings / Skills:
<b>Occupational activities/ jobs in home country/ berufliche Tätigkeit im Herkunftsland:</b>	<b>Occupational activities/ jobs in Germany/ berufliche Tätigkeit in Deutschland:</b>

#### b) Language skills/ Sprachkenntnisse

Mother tongue first/ Muttersprache zuerst	Good	Small conversation	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. Needs on reintegration assistance/ Benötigte Reintegrationsunterstützung

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

## 5. Declaration of Consent to Data Privacy Statement/ Datenschutzzrechtliche 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 processing such as data collection, data storage, data disclosure by transmission 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 via RIAT (Reintegration Assessment Tool) 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 72D (Voluntary return),  
Frankenstr. 210, 90461 Nuremberg

Or to:

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/in

.....  
Date / Datum Signature Spouse / Unterschrift Ehegatte/in

.....  
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 Rückkehrberatungsstelle / 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:

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

Referring institution / address <i>Antragübermittelnde Stelle / Anschrift</i>	
Case worker / <i>Bearbeiter(in)</i>	
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)