## **Assisted Voluntary Return and Reintegration (AVRR) Pre-Registration Form**

## (Specific to COVID-19)

As a result of the COVID-19 pandemic and specifically travel restrictions, IOM is not in a position to support all its AVRR services.

With this form you can express your interest to participate in IOM’s AVRR Programme once travel restrictions are lifted and programmes can operate again to their full capacity. Unfortunately, IOM does not know when and how this will happen.

Should you express an interest in pre-registering, IOM will contact you as soon as the AVRR programme resumes. If you still wish to participate in the AVRR programme, you will be asked to fill in the required documents for your registration.

The purpose of this form is solely for you to express your interest to participate in the AVRR programme and for IOM to be able to notify you once participation in the programme will be possible. This form is neither your registration for the AVRR programme nor the approval of your participation in the programme.

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| --- | --- |
| **Country of current stay:** |  |
| **Date of pre-registration (date/month/year):** |  |
| **City of current stay:** |  |
| **Name:** |  |
| **Surname:** |  |
| **Nationality:** |  |
| **Date of birth (date/month/year):** |  |
| **Country of return**: |  |
| **Expected** **final destination:** |  |
| **Travel documents** **(passport, ID, others):**  If yes, kindly indicate expiring date (Day/Month/Year) | **Yes:** \_\_\_  **No:** \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Valid residence permit in country of current stay?**  If yes, kindly indicate expiring date (Day/Month/Year) | **Yes:** \_\_\_  **No:** \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Request made by direct beneficiary (pre-applicant)?**  If no, kindly indicate name and relationship with pre-applicant: | **Yes:** \_\_\_  **No:** \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If relevant, number of family members to be pre-registered**: |  |
| **Are you travelling with child/children**? | **Yes:** \_\_\_  **No:** \_\_\_ |
| **Are you travelling with persons with medical conditions?** | **Yes:** \_\_\_  **No:** \_\_\_ |
| **Contact details for IOM’ follow up**: | **Mobile phone/ phone number:**  **Email address:** |
| **Do you or your family members have specific immediate needs** (shelter, access to health etc.)? Please note that, at this point in time, availability of services is restricted. Nevertheless, if you wish, you can state your immediate needs here and IOM will refer you to services, if available). | |

I understand that the personal data of myself and my dependants [name of child/family members] will be processed by IOM for (i) the purpose of registering my expression of interest for the AVRR programme so that I can be contacted by IOM once I can participate in it, and (ii) provision of assistance to myself and/or dependants, through IOM’s partners, if feasible. I 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 the personal data will be shared with and processed by [name of third party e.g. donors, relevant institutions/government entities] to achieve the specified purpose.

I acknowledge, for myself and for any person for whom I have the right to do so as well as for relevant heirs and estate, that IOM will not be held liable for any damage caused, directly or indirectly, to me or any such person in connection with IOM assistance that derives from circumstances outside the control of IOM.

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.

Signed on [date] at [place]:

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_