



IOM International Organization for Migration
IOM Kansainvälinen siirtolaisuusjärjestö
IOM Internationella migrationsorganisationen

DAVRiF
Reintegration
Updated on
22 April 2010

IOM ASSISTED VOLUNTARY RETURN FROM FINLAND APPLICATION FOR RE-INTEGRATION SUPPORT

Throughout 2010, IOM Helsinki in cooperation with the Finnish Immigration Service and the European Return Fund provides reintegration support to voluntary returnees from Finland. The support is provided against an application as cash grants in amounts between € 200 and € 1,500 for adults and between € 100 and € 1,000 for minors (less than 18 years).

If you wish to apply for reintegration support from IOM for your voluntary return, please complete this form **AND** an IOM Voluntary Return Form and return both forms to IOM Helsinki or to your social worker at the reception centre. IOM Helsinki will process your application and inform you on your eligibility to receive the reintegration support.

Please note that if you are returning in a family and want to apply for the support for each family member (spouse, children), each person over 18 must fill in his/her own form. Support for children under 18 can be applied for in the application form of one of the parents. **The level of support granted to an applicant is decided individually and depends on the person's status in Finland.**

1. PERSONAL DETAILS

Last Name:		First Name:	Nationality:
Gender:	Date of Birth:	Finnish Case Number (Ulkomaalaisrekisterin asiakasnumero):	
Contact details in Finland:			

2. BACKGROUND FOR THE APPLICATION (check the boxes as appropriate)

- I am also applying for voluntary return with the assistance of IOM (AVR form attached)
- I want to know if I am eligible to receive reintegration support before I make my final decision on voluntary return
- I will return voluntarily only if I can receive the reintegration support
- I want to return voluntarily also if I am not eligible for reintegration support
- I am single and apply for reintegration support only for myself
- I apply together with my family/dependents (spouse, children). For children see points 3.e and 5.

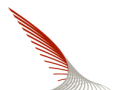
3. RETURN AND REINTEGRATION PLAN

4.1 What do you plan to do after returning to your home country (work, study, start your own business)?

4.2 What kind of support would you need to make your reintegration to your home community easier?



Euroopan Paluurahasto
osallistuu hankkeen
rahoitukseen



MAAHANMUUTTOVIRASTO
MIGRATIONSVERKET
FINNISH IMMIGRATION SERVICE

4.3 Where will you leave after return? Will you stay with your family or will you find your own place?

4.4 How do you plan to use the financial support you will receive from IOM?

4.5 Do you have any particular skills or education that you can use to achieve your reintegration plans?

4.6 If you are returning with children, describe how they will benefit from the support received from IOM?

TOTAL COST (MAX. 1,500 EUR/adult, MAX EUR 1,000/child):

4. SIGNATURE

By signing this application form, I certify that the information provided is correct to the best of my knowledge, and confirm that I am interested in returning voluntarily to _____ (include also filled-in AVR form).

NAME:

Place and Date:

Signature:

5. SPECIAL CONSIDERATIONS (TO BE FILLED BY THE SOCIAL WORKER ONLY)

Please mention any special considerations that, in your opinion, need to be taken into account when deciding the returnee's eligibility for reintegration support.

Please forward the completed form to IOM Helsinki together with the filled-in AVR application form

Mailing address: P.O. Box 851 • FI-00101 Helsinki • Finland • Visiting address: Unioninkatu 13, 6th floor • FI-00130 Helsinki

Fax: +358.9.684 11 511 / 10 • E-mail: mrfhelsinkiavr@iom.int

Enquiries: Tel: +358.9.684 11 50

6. FOR USE OF IOM HELSINKI ONLY

Received on (date):

From (sender):

IOM Helsinki /

Applicant considered eligible for reintegration support: Yes No (date, signature)

Total amount granted for application:

(date, signature)