



GOVERNMENT OF MALTA
MINISTRY FOR HOME AFFAIRS,
SECURITY, REFORMS AND EQUALITY



ASSISTED VOLUNTARY RETURN AND REINTEGRATION IN THE COUNTRY OF ORIGIN – RESTART VI (MT/2015/AMIF/1.01)

ASSISTED VOLUNTARY RETURN AND REINTEGRATION (AVRR) REFERRAL FORM

The form is to be used by stakeholders for referring to the International Organization for Migration (IOM) migrants who have expressed their wish/are considering voluntarily returning to their country of origin and who may thus be interested in voluntary return and reintegration assistance provided by IOM, under the RESTART VI project.

Completed and signed form is to be returned to IOM via e-mail: gmunoz@iom.int and lanifosi@iom.int

SECTION 1: STAKEHOLDER DETAILS

Name of institution/organization/entity referring the case: _____
Name and position of person referring the case: _____
E-mail: _____
Phone: _____

SECTION 2: DETAILS OF PERSON BEING REFERRED

Name:	Surname:
Date of Birth:	Gender:
Nationality:	Country of return:
Civil status:	<i>In case the person being referred has dependents, please indicate if the dependents would be returning to the country of origin with the applicant:</i>
Police number/ International Protection Agency (IPA) number:	Current residence in Malta:

IOM Malta

Apt. 2, De Vilhena Residence, Trejjet Il-Fosos, Floriana FRN 1182, Malta
Tel.: +356 2790 0050 – E-mail: iommalta@iom.int – Website: www.iom.int



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In case person being referred is an unaccompanied or separated child (UASC):

Name of legal guardian/ caregiver: _____

Type of relation with the minor: _____

Contact details of legal guardian/ caregiver: _____

Signature for consent of legal guardian/caregiver: _____

Legal Status:

- Asylum Seeker Rejected Asylum Seeker Irregular Migrant
- Regular Migrant Subsidiary Protection Refugee Temporary Humanitarian Protection
- Migrant registered in another EU Member State Stateless Other: _____

Migrant in a situation of vulnerability:

- Yes No

If yes, please specify the type of vulnerability:

- Vulnerability due to health-related needs (physical/mental)
- Victim of/vulnerability to trafficking in persons
- Victim of/vulnerability to violence, exploitation or abuse (including torture, rape or other serious forms of psychological, physical or sexual violence, persecution)
- Vulnerability due to immediate/socio-economic needs (including homelessness)
- Unaccompanied or separated child (UASC)
- Parent with dependent children/other family circumstances (including dependent family members)
- Vulnerability due to age/gender/race/nationality/ethnicity/ sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)
- Psychosocial vulnerability (including due to traumatic migratory experiences/detention)
- Other (please specify): _____

Official vulnerability assessments conducted and reports or other documentation available:

- Yes No

If yes, please list related documents below and share them when submitting the referral to IOM, if possible:

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SECTION 3: CONTACT DETAILS OF PERSON BEING REFERRED

How can IOM contact the person being referred:

Phone: _____

E-mail: _____

Social media: _____

Location: _____

Spoken language(s): _____

Needs cultural mediator: Yes No

*I, the undersigned, agree that my personal data may be disclosed to the International Organization for Migration (IOM) and to third parties: **Ministry for Home Affairs, Security, Reforms and Equality of the Republic of Malta, relevant governmental entities, diplomatic representations, international organizations and NGOs working in the migration field, as may be needed** to achieve the purpose of transferring my wish to return to my country of origin.*

I declare that the information I have provided is true and correct, to the best of my knowledge.

Name and signature of person being referred (or legal representative)

Date and place

Name and signature of interpreter (if applicable)

Date and place

Name and signature of person referring the case

Date and place

In case consent was collected over the phone, please indicate where the referred person is based, the date when consent was obtained and how IOM can contact the person being referred (location/phone/e-mail):



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Sustainable Management of Migration Flows



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