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IOM use only

IOM International Organization for Migration
IOM Den internasjonale organisasjon for migrasjon

APPLICATION FOR VOLUNTARY ASSISTED RETURN PROGRAMME (VARP) NORWAY

TO APPLICANT OR APPLICANT'S REPRESENTATIVE:

Please complete this form in **BLOCK LETTERS**

DUF Number:

Last/Family Name/Surname:

First name(s)/Given name:

Date of Birth (dd/mm/year):

City of birth:

Country of birth:

Nationality:

Marital status:

Sex: Male Female

Reception Centre (if living in Reception Centre)

Address in Norway (if *not* in Reception Centre):

UDI Region:

Contact Details in Norway

Home Telephone number:

Mobile number:

Email address:

Immigration Status in Norway

Immigration Status Asylum application pending

Asylum application withdrawn

Asylum application refused

Asylum appeal pending

Asylum appeal dismissed

Not categorised in this list

Date applied for Asylum in Norway (if applicable) dd/mm/year):

Please list the identification documents you have or that may have been given in Norwegian authorities (for example: Passport, ID document, Military ID, birth certificate, etc).

Document	Where is it?	Date issued	Valid until	Document #

Please list the family members travelling with you:

FK/DUF Number	Last Name	First Name	Date of birth	Nationality	Relationship to applicant	Travel document	Expiry date

Do you have any special needs for travel (wheelchair, medical, etc.?)

Is IOM assistance required at airport upon return? Yes No

Final destination in your home country?

Airport?

City/Town?

Any other information you consider important for IOM to know?

How did you learn about IOM's voluntary Assistance Return Programme? (tick all that apply)

- IOM Outreach Reception Centre Police
 UDI A friend NOAS
 SEIF My lawyer Other
 IOM Poster/brochure Internet Specify: _____

Monitoring: IOM is committed to improving our assistance and support to our beneficiaries. If you are interested in being contacted by IOM after your return to inform us about the process of returning to your country and any suggestions you may have for the programme, please let us know:

Email:	Telephone	Mobile	Other
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Reintegration Support: If you are interested in Reintegration Support, please fill out the information below. Eligibility for Reintegration support is determined by UDI.

From IRAQ or AFGHANISTAN: Please do not fill out this section. You will be contacted separately.

Please tick the relevant education level you have?

- No formal education: Higher education
 Primary education: Others:
 Secondary education: Specify: _____

What do you intend to do with your reintegration cash grant in home country? Select the best option, please note that the options chosen are not binding.

- Start a small business Other
 Further my formal education Specify: _____
 Go to a vocational training school I have not decided yet



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VOLUNTARY ASSISTED RETURN PROGRAMME (VARP) NORWAY Declaration of Voluntary Return

I, (full name) _____ a citizen of _____
desire to return peacefully and voluntarily to my country of origin. I hereby declare that after due
consideration and entirely of my own free will, I wish to be assisted by IOM to return to _____

I understand that my assisted return will be direct to _____
without remaining in any intermediate country.

I understand that when I depart from Norway through IOM's Voluntary Assisted Return
Programme I will be withdrawing my asylum application in Norway.

I understand that the details requested on the VARP application form are required by IOM in order
to assess eligibility to participate in the VARP. I consent to IOM using the information in order to
assess whether I am eligible to participate in the Voluntary Assisted Return.

The fact that I have applied to IOM to return under the VARP will not in itself have any bearing on
my immigration status, but Norwegian Authorities may, upon request, use the information provided
on the Voluntary Return Application Form now or in the future in the normal course of their duties.

Primary Applicant's signature _____

Place and date _____

Dependents (should correspond with those in the Application form):

Family name	First name	Date	Place	Signature of applicant or legal guardian	Signature 2 ¹ (if applicable)

Please fax or scan and then email this form to IOM at osloreturn@iom.int Please note that the
Original must be sent by Post. **Applications will not be considered without Declaration forms
filled out in full.**

¹ Please note that all minors under the age of 18 require the signature of both parents/legal guardian

Mission in Norway:

Storgata 10A, 2nd floor • P. O. Box 8927 • Youngstorget • NO-0028 Oslo • Norway
Tel: +47 23 10 53 20 • Fax: +47 23 10 53 23 • E-mail: osloreturn@iom.int • Internet: <http://www.iom.int>