



Application for Return and Reintegration Assistance

The Return and Reintegration Assistance program (RRAP) is delivered by a Service Provider on behalf of the Department of Home Affairs (the Department). The Service Provider will maintain contact with you throughout this process.

Important information about privacy

The *Privacy Act 1988* contains 13 Australian Privacy Principles which regulate the way that the Department collects and handles personal information. Information about how the Department collects, uses and discloses personal information for its key functions can be found in form 1442i *Privacy notice*. More information about the Department's general information handling practices (including form 1442i) can be found in the Department's Privacy policy at <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/privacy>

Please open this form using Adobe Acrobat Reader.
Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

1 Date of interview

Applicant's information

2 Family name

Given names

3 Sex Male Female Indeterminate / Intersex / Unspecified

4 Date of birth Age

5 Place of birth
Town/city
Country

6 Country of citizenship

7 Relationship status
Married Separated Widowed
De facto Divorced Single

8 Current address or location

Postcode

9 Telephone numbers
Office hours (Area code)
After hours (Area code)
Mobile/cell

10 Email address

11 Date of arrival in Australia (if known)

12 Country of return

13 Proposed residential address in country of return

Postcode

14 Telephone numbers in country of return
Country code Area code Number
Office hours () ()
After hours () ()
Mobile/cell

15 Email address in country of return

16 Do you have a valid Australian visa?
No
Yes Give details

17 Do you have a valid passport or travel document(s)?
 No Can you obtain a passport or travel document(s)?
 No Yes

Yes Give details from your passport/travel document(s)

1. Type of document (eg. passport)

Document number

Date of issue

Date of expiry

Issuing authority/Place of issue as shown in your passport/document

2. Type of document (eg. passport)

Document number

Date of issue

Date of expiry

Issuing authority/Place of issue as shown in your passport/document

A copy of these documents is required to process your application.

18 Do you have any national identity document(s)?

No

Yes Give details

1. Type of document (eg. National identity card)

Document number

Date of issue

Date of expiry

Issuing authority

2. Type of document (eg. National identity card)

Document number

Date of issue

Date of expiry

Issuing authority

A copy of these documents is required to process your application.

Applicant's travel information

19 What is your final destination city in the country of return?

20 Do you need travel assistance?

No

Yes Indicate the assistance you need

Transportation to the departure airport

Transit assistance

Reception assistance

Transportation to your final destination

21 Do you need medical assistance to travel?

No

Yes Give details

22 Are there any other travel needs or requirements?

No

Yes Give details

23 Are you able to self-fund your return?

No Why not?

Yes

Dependants

24 Give details of all dependants returning with you

Family name	Given names	Relationship to you	Sex *	Date of birth	Country of citizenship	Passport/travel document number
			M/F/X			

* M = Male, F = Female, X = Indeterminate / Intersex / Unspecified

Reintegration assistance

25 Are you an Illegal Maritime Arrival (IMA)?

No **Go to Question 29**
 Yes

26 Your Boat ID

27 Boat IDs of all dependents listed above

28 Are you applying for reintegration assistance?

No
 Yes **On what basis are you applying for reintegration assistance?**

Applicant's acknowledgement

29 I, the person named in question 2:

- express my informed decision to return voluntarily with the assistance of the Return and Reintegration Assistance Program.
- understand that, subject to the Department's approval, the Nominated Service Provider will assist me to return. I will not be able to remain in any transit country.
- understand that my personal data and, where applicable, that of my dependants, is necessary for the provision of my voluntary return. I authorise the Nominated Service Provider and any authorised person or entity acting on behalf of the Nominated Service Provider to collect, use and disclose the personal data provided in this form for the purpose of my participation in the Return and Reintegration Assistance Program. I am aware and agree that my personal data will be shared with and processed by the Department for the purpose of the Return and Reintegration Assistance Program.
- understand that subject to the Department's approval, the Service Provider will provide the reintegration assistance after my return to my country of return. I will have 30 days following arrival in my country to contact the Service Provider to discuss my reintegration plan and in the event that I choose not to make contact with the Service Provider within this time, my reintegration assistance will no longer be available.
- agree for myself, and on behalf of my dependants, heirs and estate, that in the event of personal injury or death during and/or after my participation in this program, neither the Nominated Service Provider, nor any other participating agencies or government, can in any way be held liable or responsible.

Signature of applicant

Date