**Dublin Returnee Monitoring Project (DRMP)
Referral Form**

If a participant for the Dublin Returnee Monitoring Project (DRMP) is identified and interested to participate in the project (please consider the DRMP document ‘Information for participants’ for further clarification) the person(s) can be referred through this form.

Please fill out the form with as much information as possible. The information in no. 1 and 4 is mandatory.

**Please, make sure that the person has signed the Power of Attorney Form as well.**

Once the referral completed and the Power of Attorney signed, please send everything by encrypted email, post or fax to the following contact:

Swiss Refugee Council

Adriana Romer

Schweizerische Fluchtlingshilfe (SFH)

Weyermannsstrasse 10

3001, Bern

Phone: +41 31 370 75 00

Fax: +41 31 370 75 00

E-mail: adriana.romer@osar.ch

Should you have any question please do not hesitate to get in touch either via e-mail or via telephone.

As soon as we receive the documents, we’ll send you a confirmation and we’ll take over and make contact with the participant. Please inform us, if you wish to be informed about the development of the case.

1. **Personal Data**

Name of the participant(s) …

Date of birth …

Country of Origin …

Constellation …

Contact (E-Mail, Phone, etc.) …

Language(s) …

Sending Country …

Information on the transfer destination within Italy …

1. **Timeline**

Entering Europe *date*  …

First Asylum request *date and country* …

Second Asylum request: *date and country* …

Dublin-Decision d*ate and number* …

Appeal: *date and number of the judgement* ...

Transfer date (if already known) …

End of the six months delay …

1. **Case summary**

*Short case summary; special vulnerabilities, other comments* …

1. **Consent of the applicant**

I hereby confirm that the applicant(s) has been informed about the monitoring project in a language he/she/they understand(s). I also confirm that the applicant(s) has consented to his/her/their information being shared with OSAR.

*Date, name, profession :*