

ANNEX

Standard de-briefing form

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| 1.Name: 2.Sex:  3.Date of birth: 4.Place of birth:  5.Nationality/ies (initial indication):  6.Languages spoken: | |
| 7.Reason to perform screening:  A. Irregular entry  Please specify also, as appropriate:  no/forged/ falsified travel document,  no/forged/ falsified visa or travel authorisation,  other  B. Arrival via search and rescue  C. Application for international protection at a Border Crossing Point  D. no indication of a border check at an external border:  □ no stamp in a travel document/no entry in the Entry Exit System  □ no travel document | |
| 8. Identification using IT databases was carried out: □ Yes □ No  If yes, result of identification:  9. Results of the consultation for security purposes:  □ Hit (add databases and reasons)  □ No Hit  10. Immediate care provided: □ Yes □ No  11. Isolation on public health grounds: □ Yes □ No  If yes, please provide dates, specific grounds, location: | |
| 12. Itinerary:   1. places/countries of previous residence: 2. point of departure: 3. third countries and places (e.g. city, province) of transit and the duration of stay: 4. modalities of transit (e.g. means of transportation, with a group, individual), assistance received (e.g. facilitators, modes of communication used), payments made/to be made, etc.: 5. third countries where protection was sought: 6. third countries where protection was granted: 7. intended destination within the Union:   13. Assistance provided for remuneration by third person or organisation in relation to irregular crossing of the border and any related information in case of suspected smuggling: | |
| 14. Start of the screening: [DD/MM/YY]  End of the screening: [DD/MM/YY]  15. Authority to refer the person to:  16. Comments and other relevant information: | |
|  | Signature  Person filling in the form  (Name + service) |