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, otherB. Arrival via search and rescueC. Application for international protection at a Border Crossing PointD. 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 □ NoIf yes, result of identification:9. Results of the consultation for security purposes: □ Hit (add databases and reasons) □ No Hit 10. Immediate care provided: □ Yes □ No11. Isolation on public health grounds: □ Yes □ NoIf 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: |
|  | SignaturePerson filling in the form(Name + service) |