

Homeward Consent and Declaration Form

Return and Reintegration Assistance Program



The Return and Reintegration Assistance Program (RRAP) is delivered by Serco (the Service Provider) on behalf of the Department of Home Affairs (the Department) and aims to provide assistance to eligible non-citizens who choose to voluntarily return to their home country or an approved third country.

The purpose of the Homeward Consent and Declaration is to authorise Serco, the RRAP Service Provider, to assist in the voluntary return of eligible Clients. This may involve the collection, storage, and sharing of personal data for service provision.

- ☒ I understand that collecting, storing and sharing my personal data and (where applicable) my dependents personal data, is necessary for the provision of the RRAP.
- ☒ I am aware that Serco complies with the provisions of the Privacy Act 1988 (Cth) (the Act) when collecting personal information from me and that this information is considered personal information for the purposes of the Privacy Act 1988 (Cth) (the Act).
- ☒ I understand the scope of the RRAP, including the pre return counselling and planning support, assistance in arranging and facilitating travel (including liaising with Foreign Missions to obtain appropriate travel documents) and immediate post arrival assistance to eligible Clients and hereby authorise Serco and any authorised person (including sub-contractors) or entity acting on behalf of Serco to maintain, collect, store and use my personal information, and dependents listed, for the purposes directly related to the RRAP functions and/or activities.
- ☒ I am aware of and agree that selected personal data such as my name, date of birth, country of birth, immigration status, financial information, custody matters, and any criminal information obtained will be shared with the Department of Home Affairs to achieve the specified purpose(s)

of assessing my eligibility to participate in the RRAP.

- ☒ Should that eligibility be confirmed then I also agree that specific sensitive personal information that may relate to an illness, disability or injury can be shared with third parties facilitating travel arrangements, so they are able to provide appropriate support in accordance with my needs.
- ☒ I understand that Serco does not give my personal or sensitive information to other government agencies or private-sector organisations unless one of the following applies:
 - I have consented to the release of my personal information.
 - I would reasonably expect, or have been told, that information of that kind is usually passed to those bodies or agencies.
 - The disclosure is required or authorised by law.
 - A general permitted situation under the Act exists, such as it will prevent or lessen a serious and imminent threat to somebody's life, health or safety, or to take appropriate action in relation to suspected unlawful activity or serious misconduct.
- ☒ I am aware that my personal data will form a Commonwealth of Australia record and be subject to security and disposal arrangements as managed by the Department of Home Affairs.
- ☒ I am aware that Serco reserves the right not to engage with Clients, and that this is at their sole discretion.
- ☒ I understand that eligibility is determined by the Department of Home Affairs.
- ☒ I understand that Section 2 and 3 of in this consent form must be witnessed by an authorised officer. As per Section 30 of the Oaths and Affirmations Act 2018 (as of 1 March 2019), previously Evidence (Miscellaneous Provisions) Act 1958.

Section 1: Applicant Details

Family Name

Given Name(s)

Date of Birth

Sex*

☐ M ☐ F ☐ X

Citizenship

Return Country

Valid Travel Document

☐ Yes ☐ No

Number

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

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Section 2: Dependant Details

Only complete Section 2 if requesting returns assistance for dependants under the age of 18 returning with the applicant.

Persons over the age of 18 must complete their own Consent and Declaration form. Each legal guardian must give their consent for dependents to receive services. If each legal guardian is not able to sign **Section 2**, then supplementary documentation is required, such as a court order or letter of guardianship signed by a judge. Additional documentation may be requested at a later stage.

Family Name	Given Name(s)	Date of Birth	Sex*	Return Country

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

This section must be completed by each legal guardian:

- ☒ I provide consent for the above named dependents, to depart Australia/Nauru through the Return and Reintegration Assistance Program.
- ☒ I understand that, upon travelling to the return country, there is no current plan for the above named dependants to come back to Australia.
- ☒ I understand that if required, applications to obtain travel documents for the dependants may be required.

Legal Guardian 1

Family Name	
<input type="text"/>	
Given Name(s)	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

Legal Guardian 2

Family Name	
<input type="text"/>	
Given Name(s)	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

This section must be completed by any one of the following authorised witnesses:

- a legal professional (solicitor, barrister)
- a justice of the peace (JP)
- other authorised professions (a registered medical practitioner, pharmacist, police officer)

Name of Authorised Witness

Qualification and/or Provider Number

Signature

Date

Stamp of
Authorised Witness

Section 3: Representative Details

Only complete Section 3 if you authorise another person or organisation to enquire or act on your behalf in relation to your RRAP application.

You can authorise a representative at any stage and the person you nominate must be above 18 years of age. Your representative will be able to make enquiries, submit forms you have signed and provide information about you to Serco. **Representatives are not able to sign documents on your behalf.** We may refuse to liaise with your preferred representative if we think your representative is not acting in your best interests or as directed by the Department of Home Affairs.

Family Name	Given Name(s)	
<input type="text"/>	<input type="text"/>	
Contact Number	Email Address	
<input type="text"/>	<input type="text"/>	
Relationship to Applicant	Postal Address	
<input type="text"/>	<input type="text"/>	
Organisation (if applicable)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

This section must be completed by the applicant:

- ☒ I declare that I authorise the representative named in **Section 3** to act or enquire on my behalf for the purposes of assisting me to voluntarily depart Australia/Nauru through the services offered in the RRAP.
- ☒ I understand that I must notify the Service Provider or the Department in writing immediately if I do not want the representative named in **Section 3** to act or enquire on my behalf.

Family Name		
<input type="text"/>	<input type="text"/>	
Given Name(s)	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

This section must be completed by any one of the following authorised witnesses:

- a legal professional (solicitor, barrister)
- a justice of the peace (JP)
- other authorised professions (a registered medical practitioner, pharmacist, police officer)

Name of Authorised Witness		
<input type="text"/>	<input type="text"/>	
Qualification and/or Provider Number	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Stamp of
Authorised Witness

Section 4: Consent and Declaration

This section must be completed by the applicant:

- ☒ I acknowledge and consent to the terms outlined on Page 1 of this form.
- ☒ I declare that all information I have provided in this document is true and correct to the best of my knowledge
- ☒ I understand the purpose of providing consent as written above and that if I make a false statement in signing this form, the assistance provided for the provision of RRAP can be terminated at any time.

Family Name		
<input type="text"/>	<input type="text"/>	
Given Name(s)	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	