

Voluntary Relocation Program - Consent Form

- I, the undersigned, confirm that I have read and understood the information given to me concerning the voluntary relocation program. I have had the opportunity to reflect on the information, ask questions and have had my questions adequately responded to.
- I agree to take part in the voluntary relocation program, and I understand that my participation to that program is voluntary and that I am free to withdraw at any time.
- I consent to a potential interview by an official of another participating country for the purposes of relocation.
- I consent to the disclosure of information that I have submitted to the different actors involved in the workflow for voluntary relocation, including the European Union Agency for Asylum (EUAA), the European Commission (EC), the International Organization of Migration (IOM) and the participating countries. I have the right to withdraw such consent at any point.
- I am aware that such information may contain personal data, including data of a sensitive nature, such as data relating to my health.
- I confirm in particular that:
 - I have been informed about the specified purpose(s) for which my personal data will be collected and further processed;
 - I understand that I may exercise certain rights as data subject, including the right to access and rectify my personal data on request by contacting Italian authorities;
 - Any information obtained will be treated with the utmost confidentiality and in line with the applicable data protection rules;
- I understand the content of this consent form after having been provided with sufficient information on how my personal data will be processed by Italian authorities and/or by the EUAA on behalf of Italian authorities.
- I understand that my voluntary transfer to another participating country is subject to a selection procedure and that, in case I am not selected, or do not wish to be transferred to the participating country which has selected me, my case will be examined by the Italian authorities according to the applicable European and national laws.

I CONSENT to the above and wish to be considered for the Voluntary Relocation Program.

I DO NOT CONSENT to the above and do not wish to be considered for the Voluntary Relocation Program.

Applicant's identification code:

Applicant's signature:

Date:

Consent form verbally translated to the applicant's language or to another language which the applicant understands

Interpreter's name and surname:

Interpreter's signature:

For data protection notice, refer to All. 2 filled in upon fingerprinting and to the data protection disclaimer included in the C/3 form.