

Data protection statement

1. The data you provide in this form is collected by the Irish Naturalisation and Immigration Service (INIS), a part of the Department of Justice and Equality. The data controller for the information you provide is the Department of Justice and Equality. The data controller's contact details are: IHAP, PO Box 12953, Dublin 2.
2. You can contact the Data Protection Officer for the Department of Justice by writing to: The Data Protection Officer, the Department of Justice and Equality, 51 St. Stephen's Green, Dublin 2, D02 HK52. Or by email – dataprotectioncompliance@justice.ie
3. We will use the personal data you provide in this form for the following purposes:
 1. Assessing your eligibility for this scheme and the eligibility of your proposed beneficiaries
 2. Verifying your identity and the identity of your proposed beneficiaries
4. We collect and process this data in order to comply with our legal obligations or to perform tasks in the public interest. The specific basis for collecting and processing this data is as follows:
 1. To allow the Minister to process proposals under the Irish Refugee Protection Programme (IRPP) Humanitarian Admission Programme 2 (IHAP) which is a scheme established to further the public interest of ensuring the effective and efficient operation of the immigration services of Ireland.
5. The personal data provided here will be stored securely in INIS's databases. It may be shared, if necessary, with the following third parties:
 1. An Garda Síochána, the Department of Employment Affairs and Social Protection, the Department of Foreign Affairs and Trade, the Health Service Executive and other relevant Government Departments and their agencies and services for the purpose of processing this proposal form and for verifying the information you have given.
 2. United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and the Red Cross.
6. This data may be retained until INIS can be sure that you will have no further contact with the immigration services. This is an indeterminate period as your immigration history in the State may span a full lifetime.

7. The personal data you provide in this form is necessary for us to determine if you meet the criteria for this scheme. If you do not provide this data, your proposal for this scheme cannot be processed.
8. You have the right to request access to, and a copy of, your personal data that we process. You can do this by filling in a Subject Access Request form, available at www.justice.ie, and sending it to dataprotectioncompliance@justice.ie. You may be required to verify your identity before we send the information to you.
9. You have the right to request us to rectify any errors in your data or to erase your data, as well as to seek a restriction of the processing of your data or to object to the processing of your data in certain circumstances. To do this you should write to IHAP, PO Box 12953, Dublin 2 explaining what errors need to be rectified or erased or your reasons for seeking the restriction of, or objecting to, the processing.
10. You have a right to lodge a complaint with the Data Protection Commission if you believe your personal data is being processed by us unlawfully. Information about how to make a complaint can be found on www.dataprotection.ie.

I acknowledge that I have read and understood the information outlined above, which relates to my data protection rights.

Name _____

Signature _____

Date _____

IRISH REFUGEE PROTECTION PROGRAMME (IRPP) HUMANITARIAN ADMISSION PROGRAMME 2 (IHAP) PROPOSAL FORM

Before completing this form please consult the Irish Refugee Protection Programme Humanitarian Admission Programme 2 (IHAP) section of the INIS website at www.inis.gov.ie.

Please note it is very important that you complete the form fully and sign it in the presence of the witness (who must be a commissioner for oaths, notary public or peace commissioner). Incomplete forms or forms submitted without the required supporting documentation or outside of the designated periods will be returned to the proposer unprocessed. (Please see checklist on page 10).

Part 1 – Eligibility Criteria

To nominate eligible family members, the proposer must have a declaration of Convention refugee status or subsidiary protection status in Ireland, or be a person who has been granted programme refugee status, or be an Irish citizen. In addition, the proposed beneficiaries nominated by the proposer must be nationals of one of the top ten major source countries of refugees as listed in the current UNHCR Annual Global Trends Report and come under one of the eligible categories of family members as set out under Part 2 of this form.

Please state:

- 1) The date you were granted a status ____/____/____
and your Personal ID number from your application for Asylum/ International Protection
_____ or
- 2) Irish Passport Number (if Irish Citizen) _____ or;
Your Certificate of Naturalisation number _____

The proposed beneficiaries must be nationals of one of the top ten major source countries of refugees as listed in the current UNHCR Annual Global Trends Report and be residing in **one** or more of the following:

- a) Country of nationality;
- b) A neighbouring country and/or
- c) Be registered with the UNHCR

The eligible countries of nationality for proposed beneficiaries are listed below. This list is subject to change based on the latest available UNHCR Annual Global Trends Report.

Please place an X in the box beside the nationality of any proposed beneficiary included in this form.

- Syrian Arab Republic
- Afghanistan
- South Sudan
- Somalia
- Sudan
- Democratic Republic of the Congo
- Central African Republic
- Myanmar
- Eritrea
- Burundi

Part 2 – Eligible Categories of Beneficiaries

Please place an X in the box beside the category that is relevant to any beneficiary included in this form.

- The Proposer’s Adult Child** (who must be unmarried and without dependants)
- The Proposer’s Minor Child** (where not eligible for reunification with a sponsor under the terms of the International Protection Act 2015. The Minor Child must be unmarried and without dependants)
- The Proposer’s Parent** (where not eligible for reunification with the sponsor under the terms of the International Protection Act 2015)
- The Proposer’s Grandparent**
- A Minor Child for whom the Proposer has parental responsibility** * (e.g. Orphaned Niece/Nephew/Grandchild, Sibling)

*In certain circumstances, where a proposer does not have sole parental responsibility, the consent of the person that shares responsibility will be required.

- A vulnerable close family member for whom the Proposer is the primary caregiver and who is not part of another family unit**

If you have placed an X in the box for “A vulnerable close family member....” or “A minor child...” please give a brief description of the nature of the relationship between you as the proposer and the minor or the vulnerable beneficiary and why they need to live with you in Ireland in the space below

- The Proposer’s Spouse or Civil partner as recognised under Irish law** (where not eligible for reunification with a sponsor under the terms of the International Protection Act 2015) **or the Proposer’s De Facto partner***

* may be granted to both opposite and same sex partners who have been together in a relationship similar to marriage or civil partnership, and have a mutual commitment to a shared life together to the exclusion of all others. The proposer must be in a position to provide sufficient evidence of a durable relationship.

Part 3 – Proposer Making the Nomination

(a) Personal Details

I (the proposer) am nominating my eligible family members (the proposed beneficiaries) listed in Part 4 of this form to enter and reside in Ireland under the IHAP.

[Please write in BLOCK Capitals]

Proposer

Full Name: _____

Previous Name(s): _____

Reason for Change: _____

Date of Birth: ____/____/____ (day/month/year) Gender: Male Female

Nationality: _____ Place of Birth: _____

Current Residential Address: _____

Eircode: _____

(b) Residence Details

Irish Residence Permit/GNIB Number: _____

(This number appears on the back of the Irish Residence Permit card and on the front of the GNIB Card)

Period of Validity: From: _____ To: _____

Type of Permit/Stamp: _____

Irish Passport Number (if Irish Citizen): _____

Irish Certificate of Naturalisation Number: _____

Please include a certified colour copy of all pages of your passport, certificate of naturalisation or residence permit (both front and back) with this form.

Length of time residing in Ireland: _____

Employment Status: _____

(e.g. homemaker, employee, unemployed, self-employed, student, retired etc.)

Are you in receipt of a payment from the Department of Employment Affairs and Social Protection:

Yes No

If yes, please state the Type of Payment(s): _____

Contact Details

Home Phone: _____

Mobile Phone: _____

Email: _____

(c) Background of Proposer

1. **Have you ever committed any offences against the laws of Ireland or been the subject of any civil judgments in the State?**
Yes No
2. **Have you ever committed any offences outside the State of Ireland or been the subject of any judgments outside the State of Ireland?**
Yes No
3. **Do you have any convictions in this State or any other country (including any road traffic offences carrying a maximum potential sentence of 12 months imprisonment) or any civil judgments made against you?**
Yes No
4. **Have you ever been charged / indicted inside or outside this State with a criminal offence (including any road traffic offences carrying a maximum potential sentence of 12 months imprisonment) for which you have not yet been tried in Court?**
Yes No
5. **Are you the subject of an investigation in Ireland by An Garda Síochána (Irish Police)?**
Yes No
6. **Have you ever**
 - a) **Been involved in, suspected of involvement in, charged with, prosecuted or convicted of War Crimes, Crimes against Humanity, Genocide or Torture? Yes No**
 - b) **Been associated with or given financial support to a Terrorist organisation? Yes No**
 - c) **Expressed views justifying or glorifying violence or that might encourage others to terrorist or other serious criminal acts? Yes No**
7. **Have you engaged in any other activities that might indicate that you may not be considered a person of good character? Yes No**

If you answered yes to any of the questions 1 – 7 please provide full details in the additional details section at Appendix A (details should include the nature of the offence or civil judgment, date of conviction or judgment, where the conviction or judgment took place and the outcome of the conviction or judgment).

Please note that reports are obtained from An Garda Síochána and other agencies as required including the Department of Employment Affairs and Social Protection and the Department of Foreign Affairs and Trade. All information provided by you is subject to verification.

(d) Accommodation

Please note priority will be given to proposals where the Proposers can provide accommodation and supports to the beneficiaries

NUMBER OF PERSONS RESIDING IN YOUR HOME: _____

(the name and date of birth for all persons residing in your home must be provided below)

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Note: If there are any other people residing with you that you have not included above, you must provide their name and date of birth details on a separate sheet

DETAILS OF CURRENT ACCOMMODATION

Owned rented mortgaged how much is your rent/mortgage per month? € _____

Rent Allowance € _____ HAP € _____

Emergency Reception and Orientation Centre

Direct Provision Centre Accommodation provided by Irish Red Cross

Number of Living Rooms _____ Number of Bedrooms _____ Number of Bathrooms _____

Do you have sufficient space in your home to accommodate the beneficiaries listed in Part 4 of this form? Yes No

If you answered No to the above question how will you accommodate the beneficiaries listed in part 4? Please use the additional information page at Appendix A to write your answer.

If renting accommodation, has your landlord (or local authority) agreed that you can accommodate the beneficiaries listed in Part 4 in your home? Yes No

If you answered Yes to the above question please provide a letter from your landlord/local authority confirming the total number of persons that may live in your house.

If “No” please provide details of where the beneficiaries will reside (name of home owner, address, relationship to person etc)

Please use the additional information page at Appendix A to write your answer.

Have you ever had a family member or close relative join you under the Syrian Humanitarian Admissions Programme (SHAP) or under any other Admissions Programme? Yes No

If you answered Yes to the above question, how many people have already joined you under (SHAP) or any other Admissions Programmes? _____

PART 4 (a)– Information on Proposed Priority Beneficiary

1. Full Name: _____

Previous Name(s): _____

Reason for Change _____

Date of Birth: / / day/month/year Gender: Male Female

Nationality: _____ Place of Birth: _____

Passport Number: _____ Expiry Date: _____

National ID Card Number: _____ Expiry Date: _____

Marital Status

(place an X in the appropriate box)

Single Married Divorced Polygamous Marriage Civil Partner Widowed

Current Address: _____

Please confirm the current address is in one or more of the following

Country of Nationality Neighbouring Country Registered with UNHCR

If Registered with UNHCR, please provide the Registration Number: _____

Previous address if different from above: _____

Relationship to Proposer in Ireland: _____

Category of Proposed Beneficiary: (place an X in the appropriate box)

Adult Child Minor Child Parent Grandparent

Minor Child whom Proposer has parental responsibility

Vulnerable close family member Spouse/Civil Partner or De Facto Partner

Is this family member free from vaccine-preventable diseases? Yes No

(Please note that if this nomination is successful an essential requirement of the subsequent visa application process is that beneficiaries provide appropriate documentary evidence of being screened and/or vaccinated, where required against any such diseases.

PART 4 (b) – Information on Proposed Additional Beneficiary

[If you wish to include more than 1 Proposed Additional Beneficiary you may photocopy this sheet as required]

2. Full Name: _____

Previous Name(s): _____

Reason for Change: _____

Date of Birth: / / day/month/year Gender: Male Female

Nationality: _____ Place of Birth: _____

Passport Number: _____ Expiry Date: _____

National ID Card Number: _____ Expiry Date: _____

Marital Status

(place an X in the appropriate box)

Single Married Divorced Polygamous Marriage Civil Partner Widowed

Current Address: _____

Please confirm the current address is in one or more of the following

Country of Nationality Neighbouring Country Registered with UNHCR

If Registered with UNHCR, please provide the Registration Number: _____

Previous address if different from above: _____

Relationship to Proposer in Ireland: _____

Category of Proposed Beneficiary: (place an X in the appropriate box)

Adult Child Minor Child Parent Grandparent

Minor Child whom Proposer has parental responsibility

Vulnerable close family member Spouse/Civil Partner or De Facto Partner

Is this family member free from vaccine-preventable diseases? Yes No

(Please note that if this proposal is successful an essential requirement of the subsequent visa application process is that beneficiaries provide appropriate documentary evidence of being screened and/or vaccinated, where required against any such diseases.)

Signature of Proposer: _____

Date: _____

Please note the date of signature should be prior to the date of signature on the statutory declaration

PART 5 - STATUTORY DECLARATION

1. I _____ do solemnly and sincerely declare that the following particulars stated in this statutory declaration are true.
2. All information I have provided in the proposal form is correct at the date of signing. To my knowledge, where information has been provided to me by the proposed beneficiaries, this information is correct as of the date of signing.
3. I have communicated the terms of the programme to the proposed beneficiaries and confirm that the proposed beneficiaries and I agree to the terms of the programme.
4. I, and the proposed beneficiaries are aware that we may be required to provide a DNA sample for the purpose of proving a familial relationship to the beneficiary(ies) and agree to provide this if required.
5. I confirm, to the best of my knowledge that all of my proposed beneficiaries referred to in the proposal form including the proposed beneficiaries and those listed as living at my current address have never been involved in War crimes, Crimes against Humanity, or committed any crimes, participated or supported Terrorist related activities.
6. I know of no reason why their presence in Ireland constitutes a danger to the community or to the security of the State or another EU country.
7. I understand it is an offence to make a statutory declaration which to my knowledge is false or misleading in any material respect.
8. I understand that any permission given on the basis of false information may be revoked by the Minister.

Signed: _____ (Proposer)

Declared before me _____ a [Notary Public] [Commissioner for Oaths] [Peace Commissioner] [person authorised by _____ to take and receive statutory declarations] by _____ (Proposer)

Who is personally known to me

or

Who was identified to me by _____ who is personally known to me

or

Whose identity has been established to me before the taking of this Declaration by the production to me of:

Irish Passport number _____ issued on _____ by the Department of Foreign Affairs and Trade.

or

Irish Certificate of Naturalisation number _____ issued on _____ by the Department of Justice and Equality

or

National ID card number _____ issued on _____ by the authorities of _____ which is an EU member state, the Swiss Confederation or a Contracting Part to the EEA Agreement

or

Aliens Passport number (document equivalent to a passport) _____ issued on _____ by the authorities of _____ which is an authority recognised by the Irish Government

or

Refugee Travel Document number _____ issued on _____ by the Minister for Justice and Equality

or

Travel document (other than Refugee Travel Document) number _____ issued on _____ by the Minister for Justice and Equality

At _____ this _____ day of _____

PART 6 - CHECKLIST AND DATA SHARING

- **Have you completed the form in full and completed the Statutory Declaration in the presence of a Notary Public, Commissioner for Oaths or Peace Commissioner?**
- **Have you enclosed:**
 - (a) **Signed data protection statement**
 - (b) **Certified colour copy of all pages of your Irish passport or Certificate of Naturalisation or Irish Residence Permit (front and back)**
 - (c) **Certified colour copy and certified translation of a passport (all pages), or National Identity Card for each of the proposed beneficiaries**
 - (d) **Certified colour copy and certified translation of original marriage/birth certificates or other official documents as evidence of each proposed beneficiary's family relationship to you.**
 - (e) **2 colour passport-sized photographs of each proposed beneficiary**
Note: The name of the proposed beneficiary should be **printed clearly** (not signed) in block capitals on the back of the photographs. The standard requirements for photographs are available on the INIS website at:
<http://www.inis.gov.ie/en/INIS/Pages/visa-application-photos>

Please note that if this nomination is successful, an essential requirement of the subsequent visa application process is that beneficiaries provide appropriate documentary evidence of being screened and/or vaccinated, where required, against vaccine preventable diseases. Further detailed information will be published on our website.

Appendix A

Additional Information

Please use this page to list any additional details relevant to this nomination.
Please submit additional pages if so required.

Completed forms to be returned via email to IHAP@justice.ie

**Or by post to: IHAP
PO Box 12953,
Dublin 2.**