



An Roinn Dlí agus Cirt
Department of Justice

FORM AAP1

Afghan Admission Programme

Application Form

IMPORTANT NOTICES

Instructions: how to submit an application

What supports are available?

We strongly recommend that you download and print off the guidance document and detailed checklist that accompanies this Application Form and keep them to hand while completing this Form.

Incomplete Application Forms will be deemed ineligible.

It will help to print the checklist separately and to check each item off as you complete this form.

In addition to the guidance and checklist document, the webpage will be updated to provide additional information including a frequently asked questions (FAQ) document. The final version of which will be available on the website by 7/1/2022 Accordingly, it's advisable that applicants do not submit applications in advance of the FAQ document issuing.

Who should use this Form?

A person originally from Afghanistan legally resident in Ireland on or before 1st September 2021, and who holds a permission as set out in the guidance document, or a Naturalised Irish Citizen (previously from Afghanistan) who wants to submit an application under the Afghan Admission Programme to bring family members who are living in Afghanistan or in certain neighbouring countries to live with them in Ireland.

The eligible neighbouring countries are: Iran, Pakistan, Turkmenistan, Uzbekistan and Tajikistan.

Submission of completed Form?

The application Form is available from the Department of Justice website. It is the only accepted Form format and must not be altered in any way. A number of questions require end of year 2021 information.

As noted above, proposers are advised that it is in their best interests to await the publication of the final FAQ document before submitting completed applications.

Data Protection

As part of the application process, information is collected at first instance for the purpose of the application and the admission of proposed beneficiaries to the State. This is covered under Article 6(1) (e) of the GDPR. Data collected for one purpose may be processed for a different purpose where that purpose falls within section 41 of the Data Protection Act 2018.

National Security

The situation in Afghanistan is such that national security concerns may arise. The information collected from the Proposer is for the purpose of the Afghan Admission Programme, but central to that is the information related to “Good Character” where questions are asked about any criminal conduct and involvement in terrorism.

The proposers and their proposed beneficiaries are advised that information will be shared with An Garda Síochána (police) and state security services and, therefore, the data subjects are on notice that the information may be further processed by security services in relation to criminal and other conduct of concern, including terrorism.

Involvement in war crimes, crimes against humanity and participation in, or support for, terrorist related activities will result in exclusion from the Programme.

Anti-fraud Measures

Giving false or misleading information will result in an application being refused or the revocation of any permissions granted on foot of that application.

Additionally, the Department retains the right to refer instances of possible fraud to An Garda Síochána for investigation.

Eligibility

Eligibility to apply for this Programme does not guarantee that your application will be successful.

Application form overview:

Section 1: Information about you, the proposer

Section 2: Information about your family members, proposed beneficiary one, two, three and four.

Section 3: Signature

Section 4: Statutory Declaration

Section 5: Privacy Notice

SECTION 1

Information about you, the proposer

Please type or fill out the following in BLOCK capitals

1A Personal details

1A.1 Surname(s) (as shown in passport)

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1A.2 Forename(s) (as shown in passport)

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1A.3 Previous Name(s)

1A.4 Reason for change of name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1A.5 Date of birth (DD-MM-YY)

--	--	--	--	--	--

1A.6 Gender

Male

Female

Other

1A.7 PPSN

--	--	--	--	--	--	--	--	--	--

1B Your contact details

1B.1 Current address including house/apt no., street, town/city and country.

1B.2 Eircode

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--	--	--	--

1B.3 Home Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1B.4 Mobile Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1B.5 Email address

1D Income – your ability to support all of your beneficiaries in Ireland

1D.1 Employment status (e.g. homemaker, employee, unemployed, self-employed, student, retired, etc.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1D.2 Are you in receipt of a payment from the Department of Social Protection or any other government department or organisation? ()

Yes

No

If yes, what payment(s) do you receive and how much do you receive per week?

Payment Type	€/week																										
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1D.3 How much income did you receive from employment (i.e. Salary) € in the 12 months, ending 31/12/2021

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1D.4 How much income did you receive from all other sources including Social Welfare € in the 12 months ending 31/12/2021

--	--	--	--	--	--

1E Accommodation – where your beneficiaries will live in Ireland

1E.1 Where will your beneficiaries live in Ireland?

- All of them will live in my home with me**
 - You must complete the questions in **section 1F**
- All of them will live in a different place to me**
 - You must complete the questions in **section 1G**
- Some of them will live with me and some will live elsewhere**
 - You must complete all of the questions in **sections 1F and 1G**

1F Your home

1F.1 Do you have enough space in your residency /home to accommodate all of the people listed in **Section 3** of this form?

Yes

Please supply no of bedrooms and the total floor area Square Meters of the residency (sqm)

No (Please see question 1G)

1F.2 Number of persons currently living in your residency / home, including you

Please provide full details of all persons living in your home by completing the below details for each person (please photocopy pages if necessary)

1F.3 Person one

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.3 Person Two

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.3 Person Three

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.3 Person Four

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.3 Person Five

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.3 Person Six

Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s) (as shown in passport)

Date of birth (DD-MM-YY)

--	--	--	--	--	--

Gender

Male

Female

Other

Relationship to you (this person is your?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1F.4 Is your home: (please tick the relevant box)

Owned Mortgaged Rented privately, no state support

Rented privately, with state support (refer to Question 1D.2 above)

Rented from a Local Authority

The following documents must be provided:

If you own / Mortgage your home - Please tick the appropriate boxes of proofs included

Certified colour copy of folio (from the Property Registration Authority)

Certified colour copy of title deed

Certified colour copy Mortgage statement as at 31/12/2021

Other certified copy documents supported with a signed and stamped letter from a solicitor or accountant practicing in Ireland

1F.5 If you are renting your home, has your landlord or local authority consented to you accommodating the proposed beneficiaries listed in Section 2 in your home?

Yes No

Please tick the appropriate boxes of proofs included

Letter of consent from Landlord/ Local Authority

Copy of Tenancy Agreement

Please note: that Landlord/ Local Authority **will be contacted to confirm** that their consent is still in place at the time that the decision on your proposal is being made. **If they cannot be contacted or they do not confirm that the consent is still in place, your proposal will be refused in respect of the people that were to stay in your home.**

1F.6 If you answered ‘Yes’ to question **1F.5** please provide the following information about your landlord:

Name of contact person:

Business name:

Address:

Email address:

Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the registration number for your tenancy with the Residential Tenancies Board:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1G Alternative accommodation

1G.1 Has someone in Ireland offered you accommodation for some or all of your proposed beneficiaries in a property that they own, outside of your home?

Yes

No



You must provide a letter detailing the offer of accommodation, including any terms and conditions set by the person making the offer. Please check guidance document about what needs to be in the letter.

Please note that the person making this offer **will be contacted to confirm** that the offer of accommodation is still in place when the decision is being made. **If they cannot be contacted or they do not confirm that the offer is still in place, your proposal will be refused in respect of all those who you have stated will live in the property.**

1G.2 If you answered 'Yes' to question **1G.1**, please provide the following information about the owner of the property who has made the offer of accommodation:

Name:

Business name:

Address:

Email address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

What is your relationship to the property owner?

1G3 Property details

Full address including house/apt no., street, town/city and country.

Eircode

--	--	--	--	--	--	--	--	--	--

1G3 Property details contd.**Total floor area in square metres (sqm)**

--	--	--

Number of bedrooms

--	--

Number of other people living there and who will share the property with the beneficiaries

--	--

Duration of the offer of accommodation:**Starting (DD-MM-YY)**

--	--	--	--	--	--

Finishing (DD-MM-YY)

--	--	--	--	--	--

1H Good character statement

Please read the guidance about this section carefully and in full before completing it. All applicants applying under the Afghan Admission Programme will be checked by An Garda Síochána.

- Have you ever committed any offences against the laws of Ireland or been the subject of any civil judgments in Ireland?
 Yes No
- Have you ever committed any offences outside Ireland or been the subject of any judgments outside Ireland?
 Yes No
- Have you ever been charged/indicted in Ireland or in any other country 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
- Do you have any convictions in Ireland 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
- 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

d) Endorsed Social media posts justifying or glorifying violence or that might encourage others to terrorist or other serious criminal acts?

Yes No

7. Have you ever engaged in any other activities that might indicate that you may not be considered a person of good character?

Yes No

If the answer to any of these questions is yes, you must declare all of your history even if it happened a very long time ago on a separate sheet marking it **1H**

You must include:

- the nature of the offence or civil judgment,
- date of conviction or judgment,
- where the conviction or judgment took place,
- the outcome of the conviction or judgment
- full details of the punishment that was handed down

SECTION 2

Information about your family members, proposed beneficiaries

Please read the guidance about this section carefully and in full before completing this part of the Application form.

2A Information about proposed beneficiary (Person 1)

The proposer must secure written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. Failure to provide adequate evidence of written consent, will result in the application being deemed ineligible.

I have secured written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below.

Yes No

I have enclosed as a part of the supporting documents, a copy of the written consent of proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. As appropriate, an English or Irish language translation of said written consent has been provided.

Yes No

2A.1 Where does this beneficiary live now?

Afghanistan

Iran

Pakistan

Turkmenistan

Uzbekistan

Tajikistan

2A.2 Registered with UNHCR Yes No

If registered with UNHCR, please provide the registration number below

[] []

[] []

2A.3 Surname(s) (as shown in passport)

[] []

2A.4 Forename(s) (as shown in passport)

[] []

2A.17 Previous full address if different from above

If you do not know this person’s current or former address, you must explain exactly why you do not know it and why they cannot give you this information to answer the questions above.

2A.18 Risk to this beneficiary’s freedom and safety

Please make sure that you read and fully understand the section in the guidance document about this section of the form before you complete it.

Please state the reason your family member is at risk

- Older Person Child Single Female Parent
- Single Woman/Girl Person with a Disability
- Person whose previous employment exposes them to risk (please see below)
- Other, please provide comprehensive details.

2A.25 Proposed Beneficiary Social Media Accounts (Optional)

Account	User Name
Linked In	
Facebook	
Twitter	

2A.25a Does your proposed beneficiary consent to their social media accounts being accessed for purposes of this application?

Yes No

2A.26 Details of risk to proposed beneficiary

It is in the best interest of your proposed beneficiary that you give as much information as possible about why this proposed beneficiary is at a significantly increased risk to their freedom and safety. If you have any documentary evidence of this risk that names them or shows why they, as an individual, are at a significantly increased risk, please submit it along with your Application.

If you need more space, you may submit additional pages (Additional pages to be clearly marked 2A.26)

SECTION 2

Information about your family members, proposed beneficiaries

Please read the guidance about this section carefully and in full before completing this part of the Application form.

2A Information about proposed beneficiary (Person 2)

The proposer must secure written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. Failure to provide adequate evidence of written consent, will result in the application being deemed ineligible.

I have secured written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below.

Yes No

I have enclosed as a part of the supporting documents, a copy of the written consent of proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. As appropriate, an English or Irish language translation of said written consent has been provided.

Yes No

2A.1 Where does this beneficiary live now?

Afghanistan

Iran

Pakistan

Turkmenistan

Uzbekistan

Tajikistan

2A.2 Registered with UNHCR Yes No

If registered with UNHCR, please provide the registration number below

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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2A.3 Surname(s) (as shown in passport)

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2A.4 Forename(s) (as shown in passport)

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2A.5 Previous Name(s)

2A.6 Reason for change of name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.7 Relationship to you (this person is your ?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.8 Category of proposed beneficiary

Spouse/Civil partner or De facto Spouse
(Polygamous marriages are not recognised)

Own Minor Child / Adopted Child

Vulnerable adult close family member

Parent

Grandparent

Related minor child without parents
(Not adopted but you would have parental responsibility)

2A.8a Regarding Vulnerable adult close family member

Provide comprehensive details as to the family relationship:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.9 Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.10 Date of birth (DD-MM-YY)

--	--	--	--	--	--	--	--	--

2A.11 Place of birth (village/town/city and country)

2A.12 Gender ✓

Male
 Female
 Other

2A.13 Passport number

--	--	--	--	--	--	--	--	--	--

Expiry Date (DD-MM-YY)

--	--	--	--	--	--	--

2A.14 National ID card number

--	--	--	--	--	--	--	--	--	--

Expiry Date (DD-MM-YY)

--	--	--	--	--	--	--

2A.15 Marital status ✓

Married
 Single
 Divorced
 Civil partner
 Widowed

2A.16 Current full address including house/apt no., street, town/city and country

2A.17 Previous full address if different from above

If you do not know this person’s current or former address, you must explain exactly why you do not know it and why they cannot give you this information to answer the questions above.

2A.18 Risk to this beneficiary’s freedom and safety

Please make sure that you read and fully understand the section in the guidance document about this section of the form before you complete it.

Please state the reason your family member is at risk

Older Person

Child

Single Female Parent

Single Woman/Girl

Person with a Disability

Person whose previous employment exposes them to risk (please see below)

Other, please provide comprehensive details.

2A.25 Proposed Beneficiary Social Media Accounts (Optional)

Account	User Name
Linked In	
Facebook	
Twitter	

2A.25a Does your proposed beneficiary consent to their social media accounts being accessed for purposes of this application?

Yes No

2A.26 Details of risk to proposed beneficiary

It is in the best interest of your proposed beneficiary that you give as much information as possible about why this proposed beneficiary is at a significantly increased risk to their freedom and safety. If you have any documentary evidence of this risk that names them or shows why they, as an individual, are at a significantly increased risk, please submit it along with your Application.

If you need more space, you may submit additional pages (Additional pages to be clearly marked 2A.26)

SECTION 2

Information about your family members, proposed beneficiaries

Please read the guidance about this section carefully and in full before completing this part of the Application form.

2A Information about proposed beneficiary (Person 3)

The proposer must secure written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. Failure to provide adequate evidence of written consent, will result in the application being deemed ineligible.

I have secured written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below.

Yes No

I have enclosed as a part of the supporting documents, a copy of the written consent of proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. As appropriate, an English or Irish language translation of said written consent has been provided.

Yes No

2A.1 Where does this beneficiary live now?

<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Iran	<input type="checkbox"/> Pakistan
<input type="checkbox"/> Turkmenistan	<input type="checkbox"/> Uzbekistan	<input type="checkbox"/> Tajikistan

2A.2 Registered with UNHCR Yes No

If registered with UNHCR, please provide the registration number below

2A.3 Surname(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.4 Forename(s) (as shown in passport)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.5 Previous Name(s)

2A.6 Reason for change of name

2A.7 Relationship to you (this person is your ?)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.8 Category of proposed beneficiary

Spouse/Civil partner or De facto Spouse (Polygamous marriages are not recognised)

Own Minor Child / Adopted Child

Vulnerable adult close family member

Parent

Grandparent

Related minor child without parents (Not adopted but you would have parental responsibility)

2A.8a Regarding Vulnerable adult close family member

Provide comprehensive details as to the family relationship:

2A.9 Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2A.17 Previous full address if different from above

If you do not know this person's current or former address, you must explain exactly why you do not know it and why they cannot give you this information to answer the questions above.

--

2A.18 Risk to this beneficiary's freedom and safety

Please make sure that you read and fully understand the section in the guidance document about this section of the form before you complete it.

Please state the reason your family member is at risk

- Older Person
- Child
- Single Female Parent
- Single Woman/Girl
- Person with a Disability
- Person whose previous employment exposes them to risk (please see below)
- Other, please provide comprehensive details.

--

2A.25 Proposed Beneficiary Social Media Accounts (Optional)

Account	User Name
Linked In	
Facebook	
Twitter	

2A.25a Does your proposed beneficiary consent to their social media accounts being accessed for purposes of this application?

Yes

No

2A.26 Details of risk to proposed beneficiary

It is in the best interest of your proposed beneficiary that you give as much information as possible about why this proposed beneficiary is at a significantly increased risk to their freedom and safety. If you have any documentary evidence of this risk that names them or shows why they, as an individual, are at a significantly increased risk, please submit it along with your Application.

If you need more space, you may submit additional pages (Additional pages to be clearly marked 2A.26)

SECTION 2 Information about your family members, proposed beneficiaries

Please read the guidance about this section carefully and in full before completing this part of the Application form.

2A Information about proposed beneficiary (Person 4)

The proposer must secure written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. Failure to provide adequate evidence of written consent, will result in the application being deemed ineligible.

I have secured written consent from the proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below.

Yes No

I have enclosed as a part of the supporting documents, a copy of the written consent of proposed beneficiaries / responsible adult regarding all the information detailed in section 2A below. As appropriate, an English or Irish language translation of said written consent has been provided.

Yes No

2A.1 Where does this beneficiary live now?

- Afghanistan Iran Pakistan
 Turkmenistan Uzbekistan Tajikistan

2A.2 Registered with UNHCR Yes No

If registered with UNHCR, please provide the registration number below

2A.3 Surname(s) (as shown in passport)

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2A.4 Forename(s) (as shown in passport)

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2A.10 Date of birth (DD-MM-YY)

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2A.11 Place of birth (village/town/city and country)

2A.12 Gender

Male
 Female
 Other

2A.13 Passport number

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Expiry Date (DD-MM-YY)

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2A.14 National ID card number

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Expiry Date (DD-MM-YY)

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2A.15 Marital status

Married
 Single
 Divorced
 Civil partner
 Widowed

2A.16 Current full address including house/apt no., street, town/city and country

2A.17 Previous full address if different from above

If you do not know this person’s current or former address, you must explain exactly why you do not know it and why they cannot give you this information to answer the questions above.

2A.18 Risk to this beneficiary’s freedom and safety

Please make sure that you read and fully understand the section in the guidance document about this section of the form before you complete it.

Please state the reason your family member is at risk

- Older Person Child Single Female Parent
- Single Woman/Girl Person with a Disability
- Person whose previous employment exposes them to risk (please see below)
- Other, please provide comprehensive details.

In case of risk from previous employment please provide the material bellow

2A.19 Name and Address of Previous Employer

2A.20 Employee Number (if known)

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2A.21 Contact person/details for previous employer

Job Title

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Email

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Mobile

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2A.22 Does your proposed beneficiary consent to the previous employer being contacted by the Department of Justice for purposes of this application?

Yes No

2A.23 Role with Employer - enter detail below

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2A.24 Duration of Employment

Start Date (DD-MM-YY)

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End Date (DD-MM-YY)

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2A.25 Proposed Beneficiary Social Media Accounts (Optional)

Account	User Name
Linked In	
Facebook	
Twitter	

2A.25a Does your proposed beneficiary consent to their social media accounts being accessed for purposes of this application?

Yes

No

2A.26 Details of risk to proposed beneficiary

It is in the best interest of your proposed beneficiary that you give as much information as possible about why this proposed beneficiary is at a significantly increased risk to their freedom and safety. If you have any documentary evidence of this risk that names them or shows why they, as an individual, are at a significantly increased risk, please submit it along with your Application.

If you need more space, you may submit additional pages (Additional pages to be clearly marked 2A.26)

SECTION 3**Signature****Signature of Proposer**

Date (DD-MM-YY)

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Please note the date of signature should be either dated on or before the date of signature on the Statutory Declaration in Section 4.

SECTION 4**Statutory Declaration**

The Statutory Declaration must be signed and witnessed after sections 1 and 2 completed and section 3 signed.

Instructions how to complete Statutory Declaration

Please complete this section in the presence of a witness in Ireland who is a practicing solicitor, Commissioner for Oaths or Notary Public authorised to take and receive Statutory Declarations. Please use BLOCK CAPITALS, except for signatures.

Place your initials in the box after each statement to show that you have read it and that you understand it and you agree to abide by the contents of the statement.

4A Declaration – to be completed by Declarant (i.e. Proposer)

1. (Signature of Proposer) I,

to whom the above-mentioned particulars relate, do solemnly and sincerely declare that the following particulars stated in this Statutory Declaration are true.

Declarant's initials

2. All information I have provided in the form is correct and to my knowledge, where information has been provided to me by the proposed beneficiaries, this information is also correct as of the date of signing.

Declarant's initials

3. I have communicated the terms of the programme to the proposed beneficiaries and they have confirmed to me that they agree to these. I too agree to the terms.

Declarant's initials

4. I, and the proposed beneficiaries of my application are aware that we may be required to provide a DNA sample for the purpose of proving a familial relationship. The proposed beneficiaries and I agree that we will provide this if required.

Declarant's initials

5. I undertake to make all arrangements and pay for all travel costs to Ireland for every proposed beneficiary of my application. These costs include, but are not limited to, travel, visas (other documents) and health related requirements (covid-19 vaccine), quarantine and/or self-isolation if required.

Declarant's initials

6. I undertake to arrange and pay the full costs of accommodation for every proposed beneficiary of my application from the date of their arrival in Ireland until such time as they are in a position to support themselves without recourse to housing support payments, social welfare or other state funds.

Declarant's initials

7. I undertake to support and maintain financially every proposed beneficiary of my application from the date of their arrival in Ireland until they are in a position to fully support themselves without recourse to social welfare or other state funds

Declarant's initials

8. I, and the proposers beneficiaries of my application understand that we are required to comply fully with all health-related requirements (which may change from time to time), from the date they leave their current residence to the date they arrive in Ireland.

Declarant's initials

9. I confirm, to the best of my knowledge that all of my proposed beneficiaries referred to in the Application form and those people listed as residing at my current address have never committed any crimes, been involved in War Crimes, Crimes against Humanity, participated in or supported Terrorist related activities.

Declarant's initials

10. I know of no reason why my proposed beneficiary's presence in Ireland constitutes a danger to the community or to the security of the State or another EU country.

Declarant's initials

4A Declaration – contd.

11. I understand it is an offence to make a statutory declaration which to my knowledge is false or misleading in any material respect.

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Declarant's initials

12. I understand that any permission given on the basis of false information may be revoked by the Minister of Justice.

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Declarant's initials

Signature of Proposer

Date (DD-MM-YY)

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Current address (proposer)

4B Witness details

Name of Witness in CAPITALS

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Declared before me

Name of Declarant

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Profession of witness

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How the witness knows the declarant

Please tick () your selected option and fill in the requested additional details

4B.1 The Declarant is personally known to me.

OR

4B.2 The Declarant’s identity has been established to me before the taking of this declaration by the production to me of: **(Please tick () one option)**

a passport issued by the Irish Government.

a passport issued by the government of Islamic Republic of Afghanistan

a current Irish Residence Permit (IRP) card (formally GNIB card)

an Irish Certificate of Naturalisation

a refugee travel document issued by the Minister for Justice

a travel document (other than a refugee travel document) issued by the Minister for Justice

Passport number

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Date of issue (DD-MM-YY)

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IRP card number

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Date of issue (DD-MM-YY)

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Irish Certificate of Naturalisation number

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Date of issue (DD-MM-YY)

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Travel Document number

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Date of issue (DD-MM-YY)

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Witnessed at (place of signature)

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Witnessed on

Date (DD-MM-YY)

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Signature of Witness

4B.1 Name of witness

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4B.2 Witness address

4B.3 Witness phone (day time):

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4B.4 Witness stamp

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SECTION 5**Data Privacy Statement****Afghan Admission Programme (AAP)****Privacy Notice****Introduction**

1. The data you provide is collected by Immigration Service Delivery (ISD, Business Unit of the Department of Justice (DoJ)). The data controller for the information you provide is the Department of Justice and the data controller's contact details are:

Afghan Admission Programme (AAP),
Immigration Service Delivery,
13-14 Burgh Quay,
Dublin 2,
D02 XK70.

How will your personal data be used?

2. We may use the personal data you provide in this form for the following purpose(s):
 - For purposes of this application and the admission of your proposed beneficiaries to the State, including vetting in the interests of national and public security
 - Verifying your identity and the identity of your proposed beneficiaries
 - Deciding the outcome of your proposal
 - We may also use the personal data you provide in this form and in associated correspondence as part of any future considerations regarding your immigration or citizenship status.

Legal Basis for processing your Personal Data

3. Our legal basis for collecting and processing this data is as follows:
 - To process the application under Article 6(1)(e) of the GDPR.
 - To fulfil the function of the Minister for Justice as designated in the Ministers and Secretaries Act 1924 (as amended), the Immigration Act 2004 and the Data Protection Act 2018.
 - To allow the Minister to process proposals under the Afghan Admission Programme.
 - We are obliged to collect and process this data in order to perform a task which fulfils an important public interest. The public interest includes ensuring the effective and efficient operation of the immigration services of Ireland.
 - To protect the integrity of the immigration process.
 - Data collected for one purpose may be processed for a different purpose where that purpose falls within section 41 of the Data Protection Act 2018.

Further processing of your Personal Data

4. Where it is necessary and proportionate to do so, in accordance with the Data Protection Act 2018 and the GDPR, further personal data may be requested or received from/provided to other Public Authorities/competent authorities¹ / international organisations for the purpose of;
 - a. verification of data received and the precise legal basis for such processing/information sharing is section 38 (1) Of the Data Protection Act 2018
 - b. the administration and business generally of public services in connection with law, justice and public order under section 1 (iii) of the Ministers and Secretaries Act 1924 and the performance of a function of the Government or a Minister of the Government under section 73(1)(iv)(iii) of the Data Protection Act 2018.

¹A competent authority means:

- A public authority competent for the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security, or
- Any other body or entity authorised by law to exercise public authority and public powers for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security.

5. We may also process your personal data for research or statistical purposes as allowed under the Data Protection Act 2018 and the GDPR.

Security of Personal Data

6. The personal data provided will be stored securely on ISD's databases and the Garda National Immigration Bureaus. It may be shared, where appropriate, with the following third parties:
- The Department of Foreign Affairs
 - An Garda Síochána
 - Europol
 - Frontex
 - Interpol
 - UK Border Agency
 - UK police forces
 - Department of Social Protection
 - Department of Children, Equality, Disability, Integration and Youth
 - Health Services Executive (HSE)
 - TUSLA
 - Local Authorities
 - Other relevant government departments, agencies and services
 - United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and the Red Cross.

Transfer of Personal Data

7. The personal data provided in this form may be transferred to a 3rd country and/or international organisation named in paragraph 6 above with the following safeguards in place – Articles 45(1), 46 and 49 (1)(d) and 49(1) (F) of Regulation (EU) 2016/679..

Contact for Queries

8. The contact for any queries in relation to this form is;

**Afghan Admission Programme (AAP),
Immigration Service Delivery,
13-14 Burgh Quay,
Dublin 2,
D02 XK70.**

How long will Personal Data be retained?

9. This data may be retained until ISD 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. It will be referred thereafter to the Director of National Archives for appraisal under the National Archives Act 1986.

How to Request a copy of your Personal Data

10. You can request a copy of your personal data by completing a Subject Access Request (SAR) form, available:
- at http://www.justice.ie/en/JELR/Pages/Data_Protection or
 - from the Data Protection Support and Compliance Office (DPSCO) at the address below.

Forward the completed form by email to subjectaccessrequests@justice.ie or by post to the DoJ Data Protection Officer at the address below. You will be required to verify your identity before the data can be forwarded to you. The time limit for responding to a SAR commences once your identity has been verified.

Your Rights in relation to your Personal Data

11. You have the right to rectify any inaccuracies in your data. To do this you should write to **Afghan Admission Programme (AAP) Immigration Service Delivery, 13-14 Burgh Quay, Dublin 2, D02 XK70**, documenting the inaccuracies which need to be rectified. The right to rectification is not absolute and each request will be considered on its own merits.
12. You have the right, where appropriate, to obtain erasure of your data and/or a restriction on the processing of your data as well as the right to object to the processing of your data. The right to erasure, restriction or objection is not absolute and each request will be considered on its own merits.
13. You have the right to lodge a complaint with the Data Protection Commission (DPC). You can contact the DPC by webforms on their website www.dataprotection.ie or by post to:

**21 Fitzwilliam Square South
Dublin 2
D02 RD28**

Further details in relation to your data protection rights can be found in the Department of Justice Data Protection Policy available at:

http://www.justice.ie/en/JELR/Pages/Data_Protection

Contact the DPO

You can contact the Data Protection Officer (DPO) for the Department of Justice by post at:

**The Data Protection Officer,
Department of Justice,
51 St. Stephen's Green,
Dublin 2, D02 HK52.**

Or by
email - dataprotectioncompliance@justice.ie

Signature of Proposer

Date (DD-MM-YY)

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An Roinn Dlí agus Cirt
Department of Justice