



Power of Attorney

I hereby give permission for the Swiss Refugee Council (OSAR) to gather information about me and my Dublin case from the authorities in both the transferring Member State and in Italy.

The permission concerns oral as well as written information. The power of attorney includes information about medical issues.

The power of attorney can be revoked at any time by either party.

With this power of attorney, I agree to my participation in the Dublin Returnee Monitoring Project. I am informed about the conditions of the Dublin Returnee Monitoring Project. I understand, that I can withdraw my participation at any time. Furthermore, I confirm that my case can be published in an anonymised version.

Data protection

I consent to my personal data being transferred between the two organisations, interviewers from Italy, and possibly with a lawyer or contact person in the transferring country in accordance with the personal data law in the respective countries.

All of the above has been explained to me in a language that I understand.

Name	
Date of birth	
ID / N-number	

Date	Signature