



Brussels, 23.9.2020
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ANNEX

ANNEX

to the

**PROPOSAL FOR A REGULATION OF THE EUROPEAN PARLIAMENT AND OF
THE COUNCIL**

**introducing a screening of third country nationals at the external borders and amending
Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817**

ANNEX

Standard de-briefing form

1.Name:	2.Sex:
3.Date of birth:	4.Place of birth:
5.Nationality/ies (initial indication):	
6.Languages spoken:	
7.Reason to perform screening: A. Irregular entry Please specify also, as appropriate: no/forged/ falsified travel document, no/forged/ falsified visa or travel authorisation, other B. Arrival via search and rescue C. Application for international protection at a Border Crossing Point D. no indication of a border check at an external border: ☐ no stamp in a travel document/no entry in the Entry Exit System ☐ no travel document	
8. Identification using IT databases was carried out: ☐ Yes ☐ No If yes, result of identification:	
9. Results of the consultation for security purposes: ☐ Hit (add databases and reasons) ☐ No Hit	
10. Immediate care provided: ☐ Yes ☐ No	
11. Isolation on public health grounds: ☐ Yes ☐ No If yes, please provide dates, specific grounds, location:	
12. Itinerary: a) places/countries of previous residence: b) point of departure: c) third countries and places (e.g. city, province) of transit and the duration of stay: d) modalities of transit (e.g. means of transportation, with a group, individual), assistance received (e.g. facilitators, modes of communication used), payments made/to be made, etc.: e) third countries where protection was sought: f) third countries where protection was granted:	

g) intended destination within the Union: 13. Assistance provided for remuneration by third person or organisation in relation to irregular crossing of the border and any related information in case of suspected smuggling:	
14. Start of the screening: [DD/MM/YY] End of the screening: [DD/MM/YY] 15. Authority to refer the person to: 16. Comments and other relevant information:	
	Signature Person filling in the form (Name + service)