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| Passportphotograph |

Application form for a provisional residence permit

under temporary protection

*All requested information must be completed*

***Your personal information***

 Male Female

|  |  |
| --- | --- |
| LAST NAME :  | FIRST NAME :  |
| GIVEN NAME : |
| DATE OF BIRTH : \_ \_ / \_ \_ / \_ \_ \_ | PLACE OF BIRTH :  |
| PLACE OF RESIDENCE IN UKRAINE :  |
| NATIONALITY :  |

***Your contact information***

|  |  |
| --- | --- |
| ADDRESS : |  |
| E-MAIL ADDRESS :  |
| TEL. No. : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

***Your arrival in France***

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| PASSPORT No. OR TRAVEL DOCUMENT :OR, FAILING THAT, AN IDENTITY CARD (ex. INTERNAL PASSPORT) :  |
| ISSUING AUTHORITY : |
| VALID FROM\_ \_ / \_ \_ / \_ \_ \_ \_ TO \_ \_ /\_ \_ /\_ \_ \_ \_ |
| DATE OF ENTRY IN FRANCE : \_ \_ /\_ \_ / \_ \_ \_ \_ |

Have you ever been granted a residence document in France ? Yes No
If so, please indicate your foreign number (10 digit number) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

***Your family situation***

 Single Married Spouse Widowed Divorced/separated

|  |  |
| --- | --- |
| LAST NAME OF THE SPOUSE :  | FIRST NAME OF THE SPOUSE :  |
| DATE OF BIRTH OF THE SPOUSE : | PLACE OF BIRTH OF THE SPOUSE :  |
| NATIONALITY OF THE SPOUSE : | ADDRESS OF RESIDENCE OF THE SPOUSE IN UKRAINE : |
|  | CURRENT ADDRESS OF RESIDENCE OF THE SPOUSE (IF DIFFERENT) : |
| DATE OF MARRIAGE : |  |
| DATE OF DEATH OF THE SPOUSE : |  |
| DATE OF COMMENCEMENT OF THE COHABITATION : |  |

Has your spouse already been granted a residence document in France ? Yes No

If so, please indicate his/her foreign number (10 digit number) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

***Your children***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **NATIONALITY** | **Date of birth** | **SEX** | **Presence in France (yes/no)** | **Passport number or identity document (if applicable and if present in France)**  |
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***Other members of your family in France***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **FAMILY RELATIONSHIP** | **NATIONALITY** | **Date of birth** | **SEX** | **Date of entry in France** |
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***Your family in the European Union***

Do you have family members currently in other European Union member states or associated states (Iceland, Lichtenstein, Norway, Switzerland) ? If so, can you fill in the table below ?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **FAMILY RELATIONSHIP** | **NATIONALITY** | **Date of birth** | **SEX** | **Host country** | **Beneficiary of temporary protection (YES/NO)** |
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***Your work status***

Occupation :

Are you currently employed in France ? Yes No

If so :

|  |  |
| --- | --- |
| NAME OF THE CURRENT EMPLOYER : |  |
| ADDRESS OF THE CURRENT EMPLOYER : |  |

Has your employer requested a work permit from the « main d‘œuvre étrangère » service (« foreign labour service ») ? Yes No

***Your eligibility for temporary protection***

Please tick the box that desribes your situation :

 1. You are a Ukrainian citizen and you were residing in Ukraine before 24 February 2022 ;

 2. You are not a Ukrainian national and you benefit from international protection or equivalent national protection in Ukraine ;

 3. You are a family member of a Ukrainian national referred to in points 1 or 2 ;

 4. You are not a Ukrainian national and you hold a valid permanent residence permit issued in accordance with Ukranian law.

I, the undersigned, ............................................................ certify that the information in this form is complete and accurate in relation to my personal situation.

Signed in XXX, on XXX

Signature of the applicant

**For official use**

**Additional information :**

Is the applicant unfavourably known in police files ? Yes No

Are the applicant or his/her minor children in a vulnerable situation or do they appear to be ?

 Yes No

If so, please describe :

**Decision :**

The benefit of temporary protection is granted to the applicant and his/her minor children **:**

 Yes No

**Comments :**