



The non-disclosed part contains personal data. The disclosure would undermine the protection of privacy and the integrity of the individual, in particular in accordance with European Union legislation regarding the protection of personal data and therefore has to be precluded pursuant to Article 4(1)(b) of Regulation (EC) No 1049/2001 .



JRO Debriefing Form

This form shall be filled in by MS Escort Leader after the handover procedure and returned to the Frontex representative before debriefing

Member State (MS)²	
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Date of JRO	
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Destination(s)	1 st destination:
	2 nd destination:

Number of participants³	Escort Leader	
	Escorts	
	Medical personnel	
	Interpreter	
	Monitor (according to Art. 8 (6) of Return Directive 2008/115/EC)	
	Representative	
	Observer	
	Other (specify)	
	TOTAL:	(A)

Number of returnees	1 st destination:	(B)
	2 nd destination:	(C)

TOTAL number of passengers of MS contingent	(A+B+C)
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Number of unaccepted returnees	1 st destination: Reason:	
	2 nd destination: Reason:	

¹ Information which is sensitive and limited for use within the European Union institutions, other offices and agencies established by virtue or on the basis of the Treaties, EU Member States and public administrations; Distribution on a need to know basis. Not for public dissemination.
² The term "Member State" means a Member State of the European Union or a Country associated with the implementation, application and development of the Schengen acquis.
³ The term "participant" means any person, including escorts, monitors, interpreters and medical staff, taking part in a JRO, other than the returnee.

Please provide information on the following issues:

Use of coercive measures, restraints and equipment:			
<i>Please indicate on how many returnees these measures have been applied and for how long</i>			
Hand Cuffs	Steel <input type="checkbox"/>	Velcro <input type="checkbox"/>	no. of cases
	Plastic <input type="checkbox"/>	Textile Material <input type="checkbox"/>	
Body Cuffs			no. of cases
Head Protections	Helmet <input type="checkbox"/>	Spit mask <input type="checkbox"/>	no. of cases
Please, describe (which phase and the duration):			

		Assessment and remarks
Joint connecting transport (when applicable)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Assistance on arrival at the embarkation airport	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Briefing by OMS prior to departure	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Embarkation procedure	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Configuration of the plane Crew Catering	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Inflight phase, security on board	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Handover procedure	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Other remarks:		