**APPLICATION FORM FOR ADDITIONAL FINANCIAL SUPPORT UNDER ERASMUS+ PROGRAMME FOR STUDENTS AND STAFF WITH SPECIAL NEEDS FROM HIGHER EDUCATION INSTITUTION**

**1. Applicant information:**

|  |  |
| --- | --- |
| **Names of the applicant:** |  |
| **Sending**  **institution:** |  |
| **Receiving institution:** |  |
| **Country where the mobility will be carried out:** |  |
| **Type of the mobility:** *(student mobility for studies; student mobility for traineeships ;staff mobility for teaching, staff mobility for training)* |  |
| **Duration of the mobility:** |  |
| **Period of the mobility:** |  |
| *In my capacity of applicant I do hereby declare that the documents and data in the application form for additional erasmus+ support are true and genuine. I am aware of the criminal liability under Art. 313*  *from the Criminal Code for declaring untrue facts.* | |
| **Signature:** | |
| **Date:** | |

**2. Please provide a detailed description of the nature of your disability or special need.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nature of the disability:**   |  | | --- | |  | |  | |  | |  | |  | |
| **Level of work capacity/work performance:**   |  | | --- | |  | |  | |  | |  | |  | |
| **Do you need any special transport for local use?** Please, provide detailed information.  *(e.g. transport from the airport / bus station / train station to the dormitory, apartment and vice versa, local transport)*?   |  | | --- | |  | |  | |  | |  | |  | |
| **Do you need support in finding an appropriate place for accommodation?** Please, provide detailed information.  *(in case there is no adapted room in the dormitory or in the apartment for students or staff with disabilities or special needs)*   |  | | --- | |  | |  | |  | |  | |  | |
| **Do you need a care assistant / helper to assist you during your stay abroad?** Please, provide detailed information.   |  | | --- | |  | |  | |  | |  | |  | |
| **Do you need any medical check-ups?** Please, provide detailed information.  *(e.g. Physiotherapy, medical check-ups, etc.)*   |  | | --- | |  | |  | |  | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you need specific didactic materials (adapted teaching materials)?**   |  |  | | --- | --- | | in Braille |  | | recordings |  | | enlarged copies |  | | other (Please, provide detailed information) |  | |  | | | |  | | | |  | | | |

**3. Please, provide the amount of the additional required grant in euro.** (Please, provide detailed description of the costs for additional support abroad listed in the table below).

|  |  |
| --- | --- |
| **Detailed description of the costs for required additional support** | **Amount**  **(euro)** |
| ***Special transport*** | **……….** |
| ***Accommodation (in case there is no adapted room in the dormitory, provided by the university)*** | **……….** |
| ***Care assistant/helper*** | |
| Transportation costs | **……….** |
| Accommodation costs | **……….** |
| Food costs | **……….** |
| **Total** | **……….** |
| ***Medical check-up*** | |
| Physiotherapy, medical check-ups, etc. | **……….** |
| ***Special didactic materials*** | |
| In Braille, enlarged copies, records, etc.. | **……….** |
| ***Other costs:*** | |
| ***.................................................................................................................................*** | **……….** |

**4. Do you benefit from other financial support or assistance additionally to the Erasmus+ grant?** Please, provide detailed information.

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**5. Please list all certificates for your physical, mental, health condition and special need** **attached to the application form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disability certificate (true copy of the original)   |  | | --- | |  | |  | |  | |  | |
| Medical certificate (true copy of the original)   |  | | --- | |  | |  | |  | |  | |
| Other:   |  | | --- | |  | |  | |  | |  | |

**6. Please provide an acceptance letter issued by the host institution (depending on the participant’s special needs) that it is aware of the participant’s disability and it will ensure the normal completion of the mobility (copy of the acceptance letter from host institution).**

**List of the documents attached to the application form:**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6** |  |

(Insert additional rows in the table if it is necessary)