**Erasmus+ Programme**

**APPLICATION for a mobility participant with special needs**

**Call……**

**Person confirming the application (Erasmus coordinator at the university)**

University:……………………………………………………………………………………………………………………………………..

Erasmus coordinator of the HEI:…………………………………………………………………………………………………….

Signature of the Erasmus coordinator:…………………………………………….…………………………………………..

**Applicant**

Name and surname………………………………………………………………………………………………………………………………

E-mail…………………………………………………………………………………………………………………………………………………..

Erasmus activity [ ]  Study/traineeship (students of the HEI)

 [ ] Teaching/training (staff of the HEI)

 [ ]  Blended intensive program (students/staff of the HEI)

Country of the receiving institution:……………………………………………………………………………………………………..

Length of the mobility (exact date): from………..….. to……………………………….

I declare that the information provided in the application is true and correct.

I give consent to the above-mentioned university and SAAIC - the National Agency of the Erasmus+ program to process my personal data listed in this application for the purpose of assessing the right to a financial contribution and its records.

**Date and place of signing:**

**Signature:**

**1. Describe the disability and special needs**

1. Type of disability:

2. Degree of physical mobility:

3. Do you need permanent help? [ ]  Yes [ ]  No

4. Do you need temporary help? [ ]  Yes [ ]  No

**2. Please attach the following documents to the application:**

[ ]  disability card (photocopy),

[ ]  in case of a severe disability an acceptance letter from the host university stating that it is aware

 of the mobility participant's disability or special need.

3**. Give the estimated expenses for the entire length of stay**

|  |  |  |
| --- | --- | --- |
| **Estimated expenses** | **Clarification** | **Required amount in EUR** |
| **Accompanying person** | Travel expenses |  |
| Accommodation |
| **Helping assistant** | (depending on the number of hours per day) |  |
| **Nurse** |  |  |
| **Special transport for the applicant** | From home to the host institution |  |
| During mobility |
| **Accommodation for the applicant** | (if not possible in a student dormitory) |  |
| **Medical examination, procedures** | (in the hosting country) |  |
| **Special didactic material** |  |  |
| **Special medical equipment** |  |  |
| **Other** |  |  |
| **Final sum** |  |  |

Explain if necessary:

Note: A mobility participant who receives a special grant is obliged to bill this grant based on real costs. After returning from mobility, s/he must submit to his/her university (to his/her Erasmus coordinator) all the documents for the billing of the special ERASMUS+ grant (e.g. the ticket of the accompanying person, invoice for special transport/accommodation, etc.) that the university provided to the applicant.