ERASMUS+ MOBILITY (KA1)

**PARTICIPANTS WITH SEVERE DISABILITY OR EXCEPTIONAL SPECIAL NEEDS**

**PARTICIPANT APPLICATION FORM**

**To be submitted by the hone university in Iceland to the Erasmus+ National Agency in Iceland (Rannís)**

To help supportparticipants with severe disabilities or exceptional special needs who wish to take part in an ERASMUS+ exchange and who might otherwise be prevented from doing so.

To be eligible for the additional funding strict criteria will need to be met:

* The participant must have an officially recognised severe disability and/or exceptional special needs.
* The application must be supported by a medical certificate and any other objective evidence necessary testifying to the scale of the disability or special need and the difficulty which it presents to the mobility of the participant, i.e., the ability to participate in the exchange, not simply difficulty with physical mobility.
* The application should thereforecontain a descriptive account of the individual circumstances relevant to each case **and the following annexes:**
	1. Medical certificate and/or other appropriate supporting documentation
	2. Detailed cost estimate of the special requirements during the planed mobility period. Indicating full details of other financial support, financial or in kind (e.g. helpers). And the additional grant amount applied for from Erasmus+
	3. Verification from the host institution indicating it is aware of the disability or special need and that appropriate facilities and support can be provided and that buildings/lecture theatres/library are accessible in the context of the disability or special needs of the student/teacher/other staff member.

|  |
| --- |
| **THE PERSON SUBMITTING THE APPLICATION ON BEHALF OF THE HOME UNIVERSITY** |
| Full name and position: |  |
| Institution name & Erasmus code: |  |
| E-mail: |  |
| *I certify that the information given on this form is, to the best of my knowledge, true* *and accurate***SIGNATURE on behalf of the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

|  |
| --- |
| **THE PARTICIPANT (student or staff)** |
| Full Name: |  |
| Host institutions name & Erasmus code: |  |
| Subject of study or training: |  |
| Length of stay in months or days: |  |
| Planned start and end dates: |  |
| *I certify that the information given on this form is, to the best of my knowledge, true* *and accurate***SIGNATURE on behalf of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

|  |
| --- |
| 1a) Please describe the disability or exceptional special need. |
|  |
| 1 b) Do you need a permanent helper(s)? If yes, how many? |  |
| 1c) Please describe and justify the additional costs related to the disability or exceptional special need |
|  |

|  |
| --- |
| 2a) What kind of financial support are your receiving (from state or municipality) due to your disability? Please provide detailed information. |
|  |
| 2b) Will you keep this financial support when you go abroad? |
|  |
| 2c) If not, which kind of help will be withdrawn and what would be the impact on your budget? |
|  |

|  |
| --- |
| 3) Other comments, if applicable  |
|  |

|  |  |
| --- | --- |
| 4a) Has it been checked beforehand with the person in charge of disabled students in the host institution that the latter is able to cope with your needs? | YES/NO |

|  |
| --- |
| 5) Additional grant amount applied for special needs (as specified in Annex B, detailed cost estimate) |
| Additional costs applied for helper(s): |  |
| Additional costs applied for the participant:  |  |
| Total amount applied for in in EUR: |  |

**To be submitted by the home university in Iceland to the Erasmus+ National Agency in Iceland (Rannís)**

Send signed and scanned copy of the application and annexes A, B and C attached to: erasmusplus@rannis.is