APPLICATION FOR A GRANT FOR PARTICIPANTS WITH SPECIAL NEEDS IN THE ERASMUS+ PROGRAMME BEYOND THE STANDARD GRANT ERASMUS+

**STUDENT MOBILITY FOR STUDIES AND TRAINEESHIP**

form FOR TYPE OF APPLICATION: Variant iI AND iii[[1]](#footnote-1)

*Vzor formuláře žádosti je dán ve formě minimálních požadavků, instituce si jej může doplnit dle potřeby, případně vyžádat další přílohy. Šedě jsou označeny vysvětlivky – nutno umazat, žlutě jsou označena pole pro úpravu nebo výběr z možností.*

The institutional coordinator should submit one original completed and confirmed application including appendix (**excluding the medical record and the copy of ZTP pass**) to the National Agency (Dům zahraniční spolupráce) at least **2 months before the end of project duration.** Please send the documentation to: *Dům zahraniční spolupráce, Program Erasmus+: Vysokoškolské vzdělávání, Na Poříčí 1035/4, 110 00 Praha 1*.

**PART a**  *- completed by the institution*

**1. SENDING INSTITUTION**

Name of sending institution:

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Project no.:

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Erasmus ID code of sending institution:

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**2. PERSONAL DATA OF THE STUDENT**

Name and surname:

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Contact details: e-mail and mobile phone no.:

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Type of mobility: SMS (student mobility for studies)SMP(traineeships)

**3. DATA ON ERASMUS+ STUDent mobility for studies/ TRAINEESHIPs**

Name of receiving institution (in the case of a study period) or receiving organisation (in the case of a traineeship) and country:

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Erasmus ID code of receiving institution (only in case of student mobility for studies):

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Exact dates of planned beginning and end of mobility and total number of months/days:

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**BUDGET**

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| --- | --- |
| Grant requested by student, see Part B | **.................. EUR** |
| Grant as revised by institutional coordinator = Grant requested **.................. EUR** | | |  |
| *In case that the revised grant is lower/higher than the requested one by the student, comment on the reduced/ineligible items below.* | |

Recommendations made by the sending institution/ comments on the revised grant (can also be given as an appendix to this application)

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***I hereby confirm that the student was selected for the mobility specified above and that the information given in this application is to the best of my knowledge accurate and correct. Moreover, I confirm that the medical record and the copy of the ZTP pass proving the health status of the mobility participant are part of the mobility documentation. These attachments will not be sent to the National Agency.***

***Name and signature:***

*[Erasmus+ institutional coordinator in the name of the institution]*

***Date:***

**PART B**  *- to be completed by student*

**DATA ON SPECIAL NEEDS OF STUDENT**

ZTP pass holder:  YES NO

Describe in detail your special needs (what problem do you have, how mobile are you, do you need a permanent assistant/nurse or occasional help, etc.):

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**DETAILS OF COSTS FOR FOREIGN MOBILITY PAID FROM THE GRANT FOR PARTICIPANTS WITH SPECIAL NEEDS IN THE PROGRAMME ERASMUS+**

*The grant for participants with special needs is provided on the basis of information given in this application. On completion of the mobility the student is obliged account for the amount of this grant provided and return the unused part to the account of the home institution which paid the grant to the student. This accounting is based on submitting all receipts, invoices and other documents confirming the purpose and amount of the costs for which the student was given this grant above the framework of the standard Erasmus+ grant for student mobility for studies or traineeship.*

*In the calculation the student takes in the accordance individual needs taking into account his/her health state and requirements. The grant for participants with special needs can be requested for the following items/services:*

* ***transport*** *(the difference in price between standard travel and the enhanced transport to the location of the mobility and once there during the mobility);*
* ***accommodation*** *(the difference in the price of the requested higher standard accommodation as against the normal – e.g. a barrier-free room close to the institution);*
* ***food*** *(the difference in price between the requested higher standard food as against the normal – e.g. gluten-free foodstuffs);*
* ***services of an assistant/helper*** *(give the hourly rate of the assistants and the required number of hours of their services);*
* ***medical care*** *(regular visits to a doctor in the Czech republic or abroad, rehabilitation, physiotherapy, etc. – the need for regular medical care must be given in a medical report, which you attach to the application);*
* ***specially modified study materials****;*
* ***possible other services****.*

*Each item of the grant for participants with special needs should be justified and described in detailed calculation of anticipated costs in EUR.*

Calculation of individual costs (in EUR) and justification:

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Give the overall amount of the grant for participants with special needs (in EUR) which you are applying for to cover the whole period of the mobility. If your requested grant is higher than 10 000EUR, please inform the National Agency in advance. An amount higher than 10 000 EUR can only be approved if there is a sufficient available budget:

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Aside from the Erasmus+ grant from the sending institution and the grant for Erasmus+ participants with special needs will you be receiving any other financing (for example from a foundation, the receiving institution, etc.)?

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*The grant for participants with special needs is intended only to cover increased costs which the student will occur abroad due to their special needs.*

**APPENDICES**

Please attach the following documents to your application:

* **medical record** (this attachment will not be sent to the National Agency)
* **holders of a ZTP pass should attach a photocopy** (this attachment will not be sent to the National Agency)
* **Erasmus+: Erasmus programme documents relating to the given mobility** (student mobility for studies / traineeship) – signed Learning agreement for studies/traineeship)
* **letter of acceptance**, in which the receiving institution confirms the acceptance of the student mobility for studies / traineeships and in which it is stated that they are aware of the student’s state of health

***With my signature I hereby acknowledge that the data provided are processed by the DZS in accordance with Regulation (EU) No. 2018/1725 of the European Parliament and Council on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, which on the part of the DZS is specified in the Principles of Personal Data Processing and the relevant Notification of Personal Data Processing available at the DZS website (https://www.dzs.cz/zpracovani-osobnich-udaju) and confirm that the information provided in this application are to the best of my knowledge correct and accurate.***

***Name and surname: Date:***

*[Student]*

1. <https://www.naerasmusplus.cz/cz/mobilita-osob-vysokoskolske-vzdelavani/podpora-ucastniku-se-specifickymi-potrebami/> [↑](#footnote-ref-1)