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**APPLICATION FOR AN ADDITIONAL GRANT FOR THE MOBILITY OF HIGHER EDUCATION STUDENTS AND STAFF WITH SPECIAL NEEDS IN PROGRAMME COUNTRIES AND PARTNER COUNTRIES UNDER ERASMUS+ KEY ACTION 1**

*Please fill in and* ***scan*** *this application form and Annex 1, and together with scanned documents listed in item 9, email to the Education Exchanges Support Foundation at* [*erasmus@smpf.lt*](mailto:erasmus@smpf.lt)*.*

***The application form, Annex 1, and the documents listed in item 9 must be sent to the email indicated above at least one month before leaving for studies, traineeship, or a teaching/learning assignment.***

1. **PERSONAL DATA OF THE STUDENT / STAFF MEMBER**

|  |  |  |
| --- | --- | --- |
| 1. | NAME, SURNAME |  |
| 2. | SENDING INSTITUTION |  |
| 3. | CYCLE (I, II, III) / POSITION |  |
| 4. | YEAR, FACULTY, DEPARTMENT |  |
| 5. | DEGREE PROGRAMME (for students only) |  |
| 6. | E-MAIL |  |
| 7. | MOBILE TEL. |  |

**II. INFORMATION ABOUT ERASMUS+ MOBILITY**

|  |  |  |
| --- | --- | --- |
| 1. | TYPE OF MOBILITY | Studies at a higher education institution abroad  Traineeship in an enterprise abroad  Teaching assignment at a higher education institution  Staff learning assignment |
| 2. | RECEIVING INSTITUTION, COUNTRY |  |
| 3. | TOTAL LENGTH OF STUDIES / TRAINEESHIP, TEACHING / LEARNING ASSIGNMENT ABROAD | Months, days |
| 4. | DURATION OF STUDIES / TRAINEESHIP, TEACHING / LEARNING ASSIGNMENT | From (year-month-day) to (year-month-day) |

**III. INFORMATION ABOUT SPECIAL NEEDS**

**1. Please state your special needs:**

|  |  |  |
| --- | --- | --- |
| 1. | Disability type / illness |  |
| 2. | Level of the capacity for work (if established) |  |
| 3. | Do you need constant assistance / care? | Yes  No |
| 4. | Do you need temporary assistance / care? | Yes  No |
| 5. | Who will be your accompanying person / assistant? | Please state the name, surname, and relationship (if any) of the person who will accompany you, or the name of the organisation that will provide these services. |
| 6. | What tools and services do you need? | Visits to the doctor  Tests  Other: Please state |
| 7. | What specific learning material do you need? | Literature in Braille  Recording of lectures  Enlarged copies  Other: Please state |
| 8. | Other special needs | Please state |

**2. Please state the amount of your requested additional special needs grant in EUR**, which is calculated in the estimate of additional costs abroad (Annex 1):

|  |
| --- |
| **EUR 0.00** |

**3. Do you receive additional financing or support (e.g. social grant, disability benefits, etc.) besides the granted Erasmus+ support? If you do, then please provide more detailed information (please fill in based on how many additional sources of financing you receive):**

* Additional financing, support is granted: **Please state the name**.

|  |  |
| --- | --- |
| Amount | EUR 0.00 |
| Source of financing |  |
| Period for which the above amount is granted |  |

* Additional financing, support is granted: **Please state the name**.

|  |  |
| --- | --- |
| Amount | EUR 0.00 |
| Source of financing |  |
| Period for which the above amount is granted |  |

* Additional financing, support is granted: **Please state the name**.

|  |  |
| --- | --- |
| Amount | EUR 0.00 |
| Source of financing |  |
| Period for which the above amount is granted |  |

**4. Will the additional financing or support specified in item 3 be granted to you during your studies / traineeship, teaching / learning assignment abroad as well? Please mark.**

YES  NO

**5. If the additional financing or support specified in item 3 will be granted to you during your studies / traineeship, teaching / learning assignment abroad, please justify why this financing will not be sufficient and why you need the additional grant specified in item 2 above.**

|  |
| --- |
|  |

**6. Has the receiving institution been informed about your special needs? Please mark.**

YES  NO

**7. Will the receiving institution be able to ensure conditions meeting your special needs?**

|  |
| --- |
|  |

**8. Please provide a detailed description of all factors that cause the need for additional financing during the Erasmus+ mobility period and please provide a reasoned justification of the requested amount:**

* Please describe the specific reason why you need additional financing and state the amount of additional financing that you need;
* Please state how the failure to grant additional financing would influence your Erasmus+ mobility activity;
* Please specify what sources you use for the financing of your special needs in Lithuania.

|  |
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|  |

**9. The following documents must be submitted together with the application form:**

9.1. Detailed estimate of additional costs abroad (Annex 1).

9.2. Documents justifying the amount of the requested additional financing. For example, where additional financing is requested for:

* various services (such as massage, visit to the doctor, swimming pool, etc.) – a document stating the price of such services in the city / country of your destination must be submitted;
* rent of an apartment adapted for people with disabilities – a document stating the rent of the apartment in the city / country of your destination must be submitted.

9.3. A copy of the disability certificate (if any).

9.4. A valid transcript of medical documents or a medical certificate (signed by health care specialist) stating the following: **the type of disability and / or illness, special needs, and the impact of the disability and / or illness on mobility, justifying the requested additional costs. The certificate must explicitly state how frequently and due to what disability and / or illness the tools or services are needed to enable the person to successfully study, undergo traineeship, teach or participate in the learning assignment.**

9.5. A letter issued by the sending institution confirming the upcoming Erasmus+ studies, traineeship or teaching, learning assignment, and Erasmus+ support granted for the entire mobility period (stating the granted amount) under the agreement with the Education Exchanges Support Foundation (stating the grant agreement number) for the relevant year.

9.6. A letter or an e-mail from the receiving institution confirming that the institution is informed about the special needs of the arriving person.

**10.**  **I, the undersigned, certify that all information provided in this application form is true and correct** and I am informed that my personal data therein will be managed by the Education Exchanges Support Foundation for administrative purposes.

By submitting the application, I am informed about:

* the fact that my personal data therein will be managed by the Education Exchanges Support Foundation not exceeding the application form or grant agreement administration time;
* the fact that I have the right to write (by email [info@smpf.lt](mailto:info@smpf.lt) or by post) to the Education Exchanges Support Foundation and ask to access information about my personal data, the right to ask to delete personal data (if grant is not given), the right to restrict processing my personal data, the right to rectification, and the right to my personal data portability.
* the fact that I have the right to complain to the supervisory authority.

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*Name, surname and signature of the student / staff member submitting the application*

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*Date, place*

**11.**  **I, the undersigned, certify that all information provided in this application form is true and correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name, surname and signature of Erasmus+ institutional coordinator of the sending institution (in case of the mobility in programme countries) or the receiving institution (in case of the mobility in partner countries)*

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*Date, place*

Annex 1

**DETAILED ESTIMATE OF ADDITIONAL COSTS ABROAD**

|  |  |
| --- | --- |
| **TOTAL REQUESTED AMOUNT** | **EUR 0.00** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Additional information** | **Requested amount (EUR)** | **Notes** |
| **1.** | **ADDITIONAL TRANSPORT COSTS DUE TO DISABILITY** | | | |
| 1.1 | Travel abroad (round trip) |  | 0.00 |  |
| 1.2 | Special transport from/to home to / from the receiving institution / enterprise |  | 0.00 |  |
| 1.3 | Other  Please state |  | 0.00 |  |
| **2.** | **ACCOMMODATION** (in case the dormitories of the receiving institution / enterprise does not have residential rooms adapted for people with disabilities) | | | |
| 2.1 | Rented room, apartment adapted for people with disabilities | Rent period (months) | 0.00 |  |
| 2.2 | Other  Please state |  | 0.00 |  |
| **3.** | **ACCOMPANYING PERSON / ASSISTANT** | | | |
| 3.1 | During the day | Please state the number of hours during the daytime | 0.00 |  |
| 3.2 | At night | Please state the number of hours per night | 0.00 |  |
| 3.3 | Permanently |  | 0.00 |  |
| 3.4 | Nurse | Please state the number of hours per day | 0.00 |  |
| 3.5 | Other  Please state | Please state the number of hours per day | 0.00 |  |
| **4.** | **MEDICAL TESTS / CARE** | | | |
| 4.1 | Tests | Please state what kind of tests and the number of tests during the entire period | 0.00 |  |
| 4.2 | Visit to the doctor during Erasmus studies / traineeship, teaching / learning assignment abroad | Please state the number of visits during the entire period | 0.00 |  |
| 4.3 | Other  Please state | Please state how many times during the entire period | 0.00 |  |
| **5.** | **SPECIAL LEARNING MATERIAL** | | | |
| 5.1 | Literature in Braille |  | 0.00 |  |
| 5.2 | Recording of lectures |  | 0.00 |  |
| 5.3 | Enlarged copies |  | 0.00 |  |
| 5.4 | Other  Please state |  | 0.00 |  |
| **6.** | **OTHER** | | | |
| 6.1 | Please state |  | 0.00 |  |
| 6.2 | Please state |  | 0.00 |  |
|  |  | **Total:** | **0.00** |  |

**Cost estimate prepared by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name, surname, and signature of the person who prepared the cost estimate (usually – student / staff member submitting the application)*

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*Date, place*

 

**Procedure of providing the additional grant for the mobility of higher education students and staff with special needs under Erasmus+ Key Action 1**

Pursuant to Erasmus+ Guide for National Agencies, persons with special needs who participate in Erasmus+ Key Action 1 mobility activities may submit applications to the national agency (Education Exchanges Support Foundation) requesting an additional grant.

A person with special needs is defined as a potential participant whose individual physical, mental or health-related situation is such that his/her participation in the mobility activity would not be possible without extra financial support (Erasmus+ Guide for Applicants).

With due consideration to the above, the additional grant for the mobility of higher education students and staff with special needs under Erasmus+ Key Action 1 shall be provided based on the following criteria:

*I. The student / staff member does not need an accompanying person*

In the event the student or the staff member needs an additional grant, an extra amount may be allocated, provided it is justified by documents submitted by the applicant in support of the amount of the requested additional financing. In this case the additional financing shall be granted on the basis of the actually sustained costs; therefore, the person completing Erasmus+ mobility activity must provide the sending institution with all documents supporting the costs.

It should be noted that travel costs of Erasmus+ mobility project participants shall be covered from the Erasmus+ scholarship granted by the sending institution. If travel costs of the person leaving for studies, traineeship or teaching/learning assignment increase as a result of the special needs, an extra amount of the grant may be requested (the need must be justified in detail in the application). If an extra grant for travel costs is allocated, the beneficiary shall have to provide the sending institution with documents supporting the travel costs.

*II. The student / staff member needs an accompanying person*

In the event the student / staff member needs an accompanying person who will leave Lithuania together with him / her, additional financing to cover the accommodation and travel costs of the accompanying person may be requested. In this case the additional financing shall be granted on the basis of the actually sustained costs; therefore, the person completing Erasmus+ mobility activity must provide the sending institution with all documents supporting the costs. It should be noted that the amount of the individual support allocated to the accompanying person shall be assessed on a case-by-case basis and can be reduced.

If the person / staff member employs an accompanying person or an assistant in the receiving country, he / she must attach documents certifying the price of these services (such as the pricelist of services, a copy of the preliminary agreement, etc.) to the application. In this case the sending institution must also be provided with documents supporting the costs.