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**ERASMUS + PROGRAMME**

**MOBILITY OF THE HIGHER EDUCATION SECTOR FOR LEARNING PURPOSES**

**APPLICATION FOR AN ADDITIONAL INDIVIDUAL GRANT FOR PROJECT PARTICIPANTS IN MOBILITY PROJECTS WITH fewer OPPORTUNITIES (STUDENTS, GRADUATES AND STAFF WITH PHYSICAL, MENTAL OR OTHER DISABILITIES)**

**I. INFORMATION OF THE LITHUANIAN RESEARCH AND STUDY INSTITUTION OF (APPLICANT)**

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| --- | --- | --- | --- |
| **Name of the institution** | **Name of the contact person of the institution** | **E-mail address of the contact person** | **Phone number of the contact person**  |
|       |       |       |       |

1. **PARTICIPANT’S DETAILS (TO BE COMPLETED IN CASE OF STUDENT MOBILITY)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name, surname** | **Faculty of study** | **Cycle of study****(I, II, III)** | **Study programme** | **Study course** | **Participant‘s e- mail address** | **Participant's phone number** |
|       |       |       |       |       |       |       |

1. **PARTICIPANT’S DETAILS (TO BE COMPLETED IN CASE OF STAFF MOBILITY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, surname** | **Faculty, department** | **Position** | **Participant‘s e-mail address** | **Participant's phone number** |
|       |       |       |       |       |

1. **INFORMATION ABOUT THE PROJECT OF ERASMUS+ PROGRAMME FOR TEACHING AND LEARNING OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, surname** | **Type of mobility** | **Host institution, country** | **Total duration of study / practice, teaching / study visit abroad** | **Period of study / practice, teaching / learning visit** |
|       | *[ ]* Studies at a foreign higher education institution[ ]  Traineeship in a foreign company[ ]  Teaching visit to a higher education institution[ ]  Staff visit for study purposes |       | [in days, months] | [From (year-month-day) to (year-month-day)] |
| **Does the participant receive an additional top-up amount to the individual support in case of long-term mobility - EUR 250 / month or in the case of short-term mobility, EUR 100 (for a mobility period of 5 to 14 days), EUR 150 (for a mobility period of 15 to 30 days)?** |
| [ ]  Yes[ ]  No | *If so, please justify that the additional top-up amount to the individual support will cover other costs in the same category as indicated in the document „Budget for the supplementary grant“:*       |

**V. INFORMATION ON THE PARTICIPANT'S INDIVIDUAL NEEDS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, surname** | **Type of disability/illness** | **Level of working capacity (if applicable)** | **Does the participant need constant help/supervision during the visit?** | **Does the participant need temporary help/supervision during the visit?** | **Details of the person accompanying the participant (if applicable)** | **What additional facilities and services are required for the participant during the visit?** | **What additional measures are required for the participant during the visit?** |
|       |       |       | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | Provide the name, family relationship of the person accompanying the participant (if any) or the name of the organisation providing these services | [ ]  Medical and rehabilitation services[ ]  Subsistence and transport services[ ]  Other: [specify] | Indicate the additional measures required during the visit due to the disability (if any) |
| **Will the host institution provide the necessary assistance (e.g. mentoring, accommodation, etc.) during the visit of the participant's mobility project?** |
| [ ]  Yes[ ]  No | *If so, please describe in more detail:*      *If not, please explain why:*       |

**IMPORTANT:**

* All questions in the application must be answered responsibly and in detail, and the amount of the additional grant requested must be realistically justified (with supporting documents).
* If not all parts of the application, the questions in it are filled in, the application will be ineligible.

The application must be accompanied by the following documents:

1. Detailed budget of the additional grant (Annex 1 - Call for the 2019-2020 programme).
2. Detailed budget for the additional grant (Annex 2 - Call for the 2021 Programme).
3. Documents justifying the amount of additional funding requested. For example, when additional funding is requested:
* for various services (e.g. massages, visits to the doctor, swimming pool, etc.) - it is necessary to provide a document indicating the price of these services in the country of the mobility project visit;
* for renting an apartment adapted for people with disabilities - it is necessary to submit a document stating the rental price of the apartment in the country of the mobility project visit.

3. A copy of the disability certificate (if applicable).

4. A valid extract from a medical document or a medical certificate (signed by a healthcare professional)stating: **the type of disability and / or illness of the participant and the individual needs and the impact of the disability and / or illness on participation in the mobility project, justifying the additional costs requested. The certificate must clearly indicate what disability and / or illness means and how often services are necessary for the person to successfully study, attend practical training, teach or participate in the study visit.**

5. Letter or e-mail from the host institution confirming that the institution is aware of the individual needs of the person arriving.

6. A letter issued by the sending authority confirming the future Erasmus+ study, traineeship or teaching, study visit and Erasmus+ grant for the entire period of mobility (indicating the amount allocated) under the agreement with the Foundation for the respective year (indicating the grant agreement number).

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| **ENCLOSED:** |

[ ]  Detailed budget of the additional grant (Annex 1 - Call for the 2019-2020 Programme)

[ ]  Detailed budget of the additional grant (Annex 2 - Call for the 2021 Programme)

[ ]  Documents justifying the amount of additional funding requested

[ ]  Copy of disability certificate (if applicable)

[ ]  A valid extract from a medical document or medical certificate

[ ]  Letter or e-mail from the host institution a letter confirming that the institution is aware of the individual needs of the person arriving

[ ]  Letter from the sending institution confirming a future Erasmus+ study, traineeship or teaching / learning visit

I, the undersigned, certify that:

1. all information provided in this application is correct and meets the criteria set out in the call for applications;
2. if the participant receives an additional top-up amount to the individual support in case of long-term mobility [[1]](#footnote-1)- EUR 250 / month or in the case of short-term mobility, EUR 100 (for a mobility period of 5 to 14 days), EUR 150 (for a mobility period of 15 to 30 days) and additional support based on actual costs incurred, both additional grants cover different costs for the same activity.
3. I am informed that the Foundation will process the personal data provided for the purpose of administering the grant. When providing personal data, I am aware of:
* the fact that the Foundation will process personal data in order to ensure: the encryption of personal data; the confidentiality, integrity, availability and resilience of data processing systems and services; the ability to restore the availability and access to personal data in a timely manner in the event of a physical or technical incident; verify and evaluate the effectiveness of technical and organisational measures to ensure data security; protect personal data from accidental and unlawful destruction, alteration, protect access to personal data;
* the fact that the personal data of the Foundation will be managed by the Foundation for no longer than is necessary for the administration of the grant agreement, the grant application;
* the fact that I have the right to contact the Foundation in writing (by e - mail HEKA1papildomadotacija@smpf.lt) for additional information on the processing of personal data.

Legal representative of the institution

  (job title, name, surname)

**SIGNED WITH A QUALIFIED ELECTRONIC SIGNATURE**

*In case the legal representative is substituted by another person, please provide a copy of the document confirming the substitution.*

1. Student mobility for study purposes ranges from 2 months (or one academic semester or trimester) to 12 months.

Student mobility for work placement (traineeship) purposes: 2-12 months.

Mobility of doctoral students for study and / or work placement (traineeship): 5-30 days or 2-12 months (including an additional work placement (traineeship) period if planned). [↑](#footnote-ref-1)