APPLICATION FOR AN ERASMUS+ SCHOLARSHIP FOR PARTICIPANTS WITH SPECIAL NEEDS BEYOND THE REGULAR ERASMUS+ SCHOLARSHIP

**STUDY VISITS AND TRAINEESHIPS**

FORM SUITABLE FOR THE FOLLOWING APPLICATION TYPES: OPTION II AND OPTION III

One original of the completed and confirmed application, including annexes (**except for the medical report and a photocopy of the particularly severe disability (hereinafter PSD) card**) shall be sent by the Erasmus+ Programme Institutional Coordinator to the National Agency (Czech National Agency for International Education and Research) at least **2 months before the end of the project period**, to the following address: *Czech National Agency for International Education and Research, Erasmus+ Programme: Higher Education, Na Poříčí 1035/4, 110 00 Prague 1*.

**PART A** - *to be filled in by the institution*

**1. SENDING INSTITUTION**

Name of the sending institution:

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Project number:

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Erasmus ID code of the sending institution:

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**2. PERSONAL DATA OF THE STUDENT**

Name and surname:

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Contacts: e-mail and mobile phone:

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Type of mobility: **[ ]** SMS (study visit) **[ ]** SMP(traineeship)

**3. STUDY VISIT/TRAINEESHIP DETAILS:**

Name of the receiving higher education institution (in the case of a study visit) or receiving organisation (in the case of a traineeship) and country of stay:

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Erasmus ID code of the receiving higher education institution (only in the case of a study visit):

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Exact date of planned start and end of stay and total number of months/days:

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 **BUDGET**

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| Grant requested by the student (see in part B) | **.................. EUR** |
| Revised grant by institutional coordinator = Requested grant **.................. EUR** |  |
| *If the revised grant is lower/higher than the grant requested by the student, comment below on the reduced/non-reimbursable items.* |

Recommendation issued by the sending institution/ commentary on the revised grant amount (can also be an annex to this application)

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***I confirm that the student has been selected for the mobility mentioned above and that the information given in this application is, to the best of my knowledge, true and accurate.*** ***I also declare that*** ***I will keep the medical report and photocopy of PSD card in the mobility participant's file, and that this report and photocopy of PSD card will not be included in the documents sent to the National Agency.***

***Name and signature:***

*[Erasmus+ Institutional Coordinator: on behalf of the institution]*

***Date:***

**PART B**  *- to be filled in by the student*

**INFORMATION ABOUT THE SPECIFIC NEEDS OF THE STUDENT**

Holder of a PSD card: **[ ]**  YES **[ ]** NO

Please describe your specific needs in more detail (what difficulties you have, your mobility, whether you need a permanent assistant/caregiver or occasional help, etc.):

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**COSTS LIST OF A STAY ABROAD COVERED BY THE ERASMUS+ SCHOLARSHIP FOR PARTICIPANTS WITH SPECIAL NEEDS**

*The scholarship for participants with special needs is awarded on the basis of the information provided in this application.* ***At the end of the stay, the mobility participant is obliged to account for the amount of this scholarship and to return any unused funds to the account of the sending institution which pays the scholarship to the student. The accounting*** *shall be based on the submission of all* ***receipts, invoices and other documents*** *confirming the purpose and amount of the costs for which the student has been awarded this scholarship in addition to the regular Erasmus+ study visit or traineeship.*

*The student's calculation is based on his/her individual needs, considering his/her health condition and needs. Scholarships for participants with special needs can be claimed for the following items/services:*

* ***transport*** *(the difference in the price of normal transport and the required extra transport to the place of stay and at the place during the stay);*
* ***accommodation*** *(the difference in price of the required extra accommodation compared to normal accommodation - e.g. a wheelchair accessible room near the school);*
* ***catering*** *(difference in price of the required extra catering compared to normal catering - e.g. gluten-free food);*
* ***assistant/helper services*** *(indicate the hourly rate of the assistant and the number of hours of assistant services required);*
* ***medical care*** *(regular visits to a doctor in the Czech Republic or abroad, rehabilitation, physiotherapy, etc. - the need for regular medical care must be stated in the medical report you attach to your application);*
* ***specially adapted study materials****;*
* ***possibly other services****.*

*Each scholarship item for participants with special needs must be justified and a detailed calculation of the estimated costs in EUR must be provided.*

Calculation of individual costs (in EUR) and justification:

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Please indicate the total amount of the scholarship for participants with special needs (in EUR) you are requesting for the entire duration of your stay. In case your requested amount is higher than EUR 10 000, please inform the National Agency well in advance. An amount higher than EUR 10 000 will only be approved if there is sufficient budget:

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Apart from the Erasmus+ scholarship from the sending institution and the Erasmus+ scholarship for participants with special needs, will you receive any other funding (e.g. from the foundation, the receiving institution, etc.)? If yes, please indicate the amount and what these funds will be used for.

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*The scholarship for participants with special needs is only intended to cover the increased costs that the student will incur during his/her stay abroad due to his/her special needs.*

**ANNEXES**

Please attach the following documents to your application:

* **medical report** (this attachment will not be sent to the National Agency)
* **holders of PSD card should attach a photocopy** (this attachment will not be sent to the National Agency)
* **Erasmus+ documents: related to the mobility** (study visit/traineeship) - signed Learning agreement for studies/traineeship
* **an acceptance letter** in which the receiving institution confirms the student's acceptance for the study visit/traineeship and states that it understands the health status of the mobility participant

***By signing, I acknowledge that the above personal data is processed by National Agency (NA) in accordance with Regulation (EC) No. 2018/1725 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data by the EU institutions and bodies and on the free movement of such data, which is specified by NA in the Personal Data Processing Policy and the relevant Personal Data Processing Notices available on the NA website https://www.dzs.cz/en/processing-personal-data and I confirm that the information provided in this application is, to the best of my knowledge, true and accurate.***

***Name and signature: Date:***

*[Student]*