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| Erasmus+: Mobility project for higher education students and staffApplication for inclusion support from a higher education institution |

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| **Applicant institution[[1]](#footnote-2) details** | | | |
| Grant agreement no. |  | | |
| Name of higher education institution (beneficiary) |  | | |
| Contact person |  | Telephone no. |  |
| E-mail address of contact person |  | | |

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| **Details on participant (student/staff) applying for inclusion support** | |
| Name |  |
| Type of exchange | Student Mobility for Studies Student Mobility for Traineeships  Staff Mobility for Teaching Staff Mobility for Training |
| Mobility from (country) to (country) |  |
| Period of mobility (DD/MM/YY-DD/MM/YY) |  |

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| A brief explanation of the need for inclusion support |
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| **Please select the main reason for applying (only one)** |
| Barriers linked to discrimination  Barriers linked to education and training systems  Cultural differences  Disabilities  Economic barriers  Geographical barriers  Health problems  Social barriers  (<https://erasmus-plus.ec.europa.eu/programme-guide/part-a/priorities-of-the-erasmus-programme>) |

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| **Detailed cost estimate[[2]](#footnote-3)** | | |
| **Budget item** | **For participant (P) or accompanying person (AP)[[3]](#footnote-4)?** | **EUR** |
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| **Total amount applied for in EUR** |  |  |

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| Signature[[4]](#footnote-5) | |
| *Commitment of the sending institution:* By signing this document, the applicant institution confirms: that a confirmation of the barrier(s) exists (for example a medical certificate)  * (in case of incoming mobility to Iceland) that the sending institution is aware of the application for the additional grant | |
| This is a request for an amendment to the project and additional funding  (do not select if the project has sufficient funds left to do a budget transfer according to Annex 5 of the Agreement) | |
| Place and dateSignature of contact person at higher education institution |  |

1. Applicant institution refers to the Icelandic higher education institution which manages the relevant project [↑](#footnote-ref-2)
2. It is recommended to detail the budget as much as possible. Please add rows as necessary. [↑](#footnote-ref-3)
3. Funding for accompanying persons for the first 60 days is based on the unit costs for staff mobility (travel support, individual support). In the same way as for the participant, if travel support unit costs do not cover at least 70% of the real travel costs of the accompanying person, the rules for exceptional costs for expensive travel may be applied. If the stay abroad is longer than 60 days, the budget category “Inclusion support for participants” will be calculated based on real costs for subsistence beyond the 60th day. [↑](#footnote-ref-4)
4. Original signatures are not compulsory. Scanned copies of signatures or digital signatures are accepted. [↑](#footnote-ref-5)