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| Erasmus+: Mobility project for higher education students and staffApplication for inclusion support based on real costs |

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| **Applicant institution[[1]](#footnote-2) details** | | | |
| Grant agreement no. |  | | |
| Name of institution |  | | |
| Address of institution |  | | |
| Postal code |  | Town |  |
| Contact person |  | Telephone no. |  |
| E-mail address of contact |  | | |

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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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| Description of the barrier(s) (f.ex. physical, mental or health-related condition) |
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| Description of the support needed from Erasmus+ due to the barrier(s) |
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| **What kind of financial support are you receiving (from state or municipality) due to the barrier(s)? Will you keep this financial support while abroad? If not, what kind of support will be withdrawn and what would be the impact on your budget?** |
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| **Other comments, if applicable:** |
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| **Detailed cost estimate[[2]](#footnote-3)** | | |
| **Budget item** | **For participant (P) or for accompanying person (AP)?** | **EUR** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total amount applied for in EUR** |  |  |

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| Signatures[[3]](#footnote-4) | |
| *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 | |
| Place / dateSignature of contact person at applicant institution |  |
| Place / dateSignature of participant |  |

1. Applicant institution refers to the Icelandic beneficiary institution which manages the relevant project [↑](#footnote-ref-2)
2. It is recommended to detail the budget as much as possible and to attach price examples for the budget items in order to document the expected costs (for example copies of special offers or screenshots of prices). Please add rows as necessary. [↑](#footnote-ref-3)
3. Original signatures are not compulsory. Scanned copies of signatures or digital signatures are accepted. [↑](#footnote-ref-4)