

APPLICATION

(SECTION A – D to be filled in by sending institution)

SECTION A – GENERAL INFORMATION:

a) GENERAL INFORMATION

Choose application type:

- ☐ Application for top-up grant
- ☐ Application for inclusion support grant

Choose mobility program type:

- ☐ Student mobility for studies
- ☐ Student mobility for traineeships
- ☐ Staff mobility for teaching - Staff mobility for training

Choose support type:

- ☐ Option I.
- ☐ Option II.
- ☐ Option III.

b) INFORMATION ABOUT SENDING INSTITUTION

Name of sending institution:

Project number:

ECHE/accreditation number:

SECTION B – PERSONAL INFORMATION OF PARTICIPANT

Name and surname:

E-mail:

Phone number/mobile number:

SECTION C - INFORMATION ABOUT MOBILITY PROGRAM

Name of receiving institution/organization:

ECHE of receiving organisation (if applicable):

Exact date of planned start and end of mobility program:

Total duration of mobility program (number of days):

SECTION D - BUDGET

Grant revised by institutional coordinator = requested grant (EUR):

Commentary on the revised grant amount (may also be attached to this application):

I confirm that the participant has been selected for the above-mentioned mobility program and that the information provided in this application is, to the best of my knowledge, true and accurate.

Name and signature of institutional coordinator:

Date:

(SECTION E – F to be filled in by participant)

SECTION E – INFORMATION ABOUT SPECIFIC NEEDS OF PARTICIPANT

Are you a holder of Disability Identification Card (DID, Disabled person's pass etc.): YES ☐ NO ☐

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

SECTION F – OVERVIEW OF PARTICIPANTS COSTS

1. Required cost: Required amount n. 1:

2. Required cost: Required amount n. 2:

3. Required cost: required amount n. 3:

4. Required cost: required amount n. 4:

5. Required cost: required amount n. 5:

6. Required cost: required amount n. 6:

Reference to the GDPR regulation of the sending institution:

TOTAL grant requested (EUR)

ATTACHMENTS *(Check)*

- ☐ medical report
 ☐ photocopy of DID card
 ☐ mandatory mobility program documentation
- ☐ letter of acceptance with confirmation from receiving institution that it is aware of participant's health condition

Name and signature of participant:

Date:

SECTION G – OTHER DETAILS

Application for inclusion support:

- The increase is intended for university students and staff.
- The amount of financial support represents 100% of the actual costs related to the participant's disability.
- Financial support for inclusion serves to support participants who, due to their disability, would not be able to travel abroad without additional financial support.
- Support for inclusion aims to cover the increased costs resulting from the participant's disability.
- Examples of eligible costs:
 - barrier-free accommodation (difference in price between the requested above-standard accommodation and standard accommodation – e.g., barrier-free room near the host institution);
 - 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 attached to the application);
 - assistance services (state the hourly rate of the assistant and the required number of hours of their services);
 - specially adapted study materials;
 - food in case of specific dietary requirements;
 - transport (the difference in price between regular transport and the required above-standard transport to the place of stay and on site during the stay);
 - delivery services;

- shipping of oversized packages (transport of medical supplies, etc.);
- psychotherapeutic/therapeutic services abroad.
- Required attachments:
 - Medical report (documenting the eligibility for the requested costs);
- - Copy of DID card (if the participant has one);
 - Letter of acceptance (with the receiving institution's acknowledgement of the participant's health condition).
- Participant's responsibilities:
 - Use the granted funds for approved expenses;
 - Keep accounting documents/invoices and submit them to the coordinator after the end of the mobility for final settlement;
 - Return unused funds after the end of the mobility and final settlement.

Application for a top-up grant:

- The increase is intended for students.
- The amount of financial support depends on the duration of mobility program.
- Mandatory attachments:
 - Medical report (proving entitlement to the requested costs);
- Optional attachments (at the discretion of the sending institution):
 - Copy of DID card (if the participant has one);
 - Letter of acceptance (with the receiving institution's management's acknowledgement of the participant's health condition).
- The student is not required to keep accounting documents unless the sending institution decides otherwise.

Process for applying for inclusion support/top-up grant:

- 1) Participants must pass a selection process for mobility at their university and inform the university of their need for additional financial support.
- 2) Participants must complete the application form available on the DZS website/their home university website. Participants must complete sections E and F.
- 3) They must attach the relevant required attachments (documents/confirmations).
- 4) The Erasmus+ program coordinator at the university will check the information provided by the participant and the required confirmations to ensure that the requested costs are justified. They will also review the budget, if necessary.
- 5) Approval of the application.
- 6) This is followed by the signing of the participation agreement, including the increased scholarship, which has been approved for the participant.
- 7) Depending on the type of application, the participant may or may not be obliged to keep accounting documents.