**CONFIDENTIAL**

**APPLICATION FORM FOR THE MOBILE PARTICIPANT** (to be completed by the participant)

Erasmus+ programme supports the accessibility of mobility periods and the participation of persons with special needs. **Persons whose participation in a mobility period would not be possible without additional financial support because of their state of physical or mental health** are entitled to receive an accessibility grant. Additional support may be granted to both students and higher education institution staff. It is also available for company employees who are invited to participate in an Erasmus + teacher mobility.

Disability grants can be granted if the person going on a mobility has a disability, illness or similar that results in **significant additional costs during a period spent abroad and if the additional costs cannot be recovered from any other source**.

The application form describes **the nature of the participant’s disability or illness and its impacts on the arrangements of the mobility.** The application should itemise as accurately as possible the extra costs incurred for the mobililty period and also explain how the corresponding costs are normally covered in Finland. In other words, it is important to justify why additional support for the relevant costs is needed specifically while participating in a mobility period abroad. Costs that the student also incurs at home (for example regular medication) are not eligible for additional support, unless the costs are higher abroad than at home.

The applicant should **attach a medical certificate or a similar document** to their application that describes the nature of their disability, illness or similar and its impacts on the mobility period. If the host organisation needs to make special arrangements to implement the mobility, the application should also describe how the host higher education institution or organisation undertakes to assist in these special arrangements.

The application should be submitted to the contact person at the applicant’s home institution, who will forward it to the national Erasmus + agency. Should they wish, the applicant can submit their application form and its attachments to their institution’s representative in a sealed envelope.

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| **MOBILE PARTICIPANT** (student, teacher, or other staff member) |
| Home institution |  |
| Last name |  |
| First name |  |
| Date of birth |  |
| Date |  |
| Participant’s signature | *I affirm that the information I have given in my application is correct.* |

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| **GROUNDS ON WHICH ADDITIONAL SUPPORT IS APPLIED FOR** (to be completed by the mobile participant)* The nature of the disability, illness or similar and its impacts on the mobility period *(please attach a medical certificate or other similar document).*
* In this section, you should also provide information on how the relevant costs are covered in Finland and why additional support for them is needed specifically while participating in mobility period abroad.
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| **SPECIAL ARRANGEMENTS REQUIRED** (complete where applicable)**:*** Monitoring visits to a doctor, therapy etc. in the host country
* Housing and/or commuting
* Need for an assistant (full/part time)
* Need for special study materials
* Any other special needs
* If possible, give the details of any special arrangements you have already agreed upon with the host (higher education institution, organisation)
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| **COST ESTIMATE OF SPECIAL ARRANGEMENTS REQUIRED FOR THE MOBILITY**Only list here the additional costs incurred because of your disability, illness etc., not the usual travel and subsistence costs during the mobility period. Please note that the smallest support amount that can be granted is EUR 200. |
| **Costs** (complete where applicable) | **EUR** |
| Additional travel costs to the destination |  |
| Additional travel costs at the destination |  |
| Additional housing costs at the destination |  |
| Assistant’s pay (full/part time) |  |
| Assistant’s other costs |  |
| Follow-up visits to a doctor, therapy etc. in the host country |  |
| Special study materials |  |
| Other additional costs, please specify. |  |
| **Total of additional costs** |  **EUR** |
| **GRANTS AND SUPPORT FROM OTHER PARTIES BESIDES THE HIGHER EDUCATION INSTITUTION THAT CAN BE USED TO COVER THE ADDITIONAL COSTS OF THE MOBILITY** |
| Party granting the support, nature and amount of the support | EUR |
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| **Total of grants and support** |  **EUR** |
| **Amount of accessibility grant****applied for** |  **EUR** |