# INCLUSION SUPPORT APPLICATION

The application must be submitted in sufficient time before the start of the mobility and before any costs have been incurred[[1]](#footnote-1).

***FILLED BY HEI***

# HEI REPRESENTATIVE AND PROJECT INFORMATION:

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Position |  |
| Name of HEI |  |
| Project number |  |
| Grant agreement number |  |

**PARTICIPANT AND MOBILITY INFORMATION:**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Email |  |
| Receiving country |  |
| Receiving HEI or organisation |  |
| Receiving HEI’s OID |  |
| Mobility duration (months/days) |  |
| Mobility start and end dates |  |

**Contracted grant amount** (*choose one option*)**:**

|  |  |
| --- | --- |
| The contracted grant amount will not increase and all budgetary changes are made in accordance with the regulations outlined in the agreement[[2]](#footnote-2) |  |
| The contracted grant amount will not increase, but the budgetary changes do not meet the regulations outlined in the agreement. I am requesting an amendment to the grant agreement. |  |
| The contracted grant amount will increase. I am requesting an amendment to the grant agreement. |  |

I confirm the accuracy of the information presented in the application[[3]](#footnote-3).

***FILLED BY THE PARTICIPANT***

# DESCRIPTION OF THE NEED FOR INCLUSION SUPPORT

Inclusion support is meant to cover additional costs directly related to participants with fewer opportunities, which cannot be covered through the individual support or the top-up amount for individual support for participants with fewer opportunities. Please select all options that apply to you and add a clear description (e.g. type and degree of disability, fewer opportunities criterion or other reason for the need for inclusion support).

|  |  |
| --- | --- |
| Physical special need or disability | Other health related condition |
| Description: | Description: |
| Mental health related condition | Other barrier to participation |
| Description: | Description: |

|  |
| --- |
| If you are also receiving the top-up amount for individual support for participants with fewer opportunities, please list which expenses you will cover using that. Add a budgetary breakdown of the costs and sources for covering them, to the application, if necessary. |
|  |

***FILLED BY THE PARTICIPANT***

1. **CALCULATION OF ADDITIONAL MOBILITY RELATED COSTS**

NB! All costs must be documented and provable by receipts[[4]](#footnote-4).

* 1. **Transport**

|  |  |  |
| --- | --- | --- |
| Please list and describe the additional costs for transport from the sending country to the receiving country and/or within the receiving country, and the reasons for needing them. | | |
|  | | |
| **Sum:** |  | **EUR** |

* 1. **Accommodation**

|  |  |  |
| --- | --- | --- |
| Please list and describe the additional costs for accommodation and the reasons for needing them (if the receiving HEI or organisation does not provide accommodation that is suitable to your specific needs). | | |
|  | | |
| **Sum:** |  | **EUR** |

* 1. **Personal assistant**

|  |  |  |
| --- | --- | --- |
| If you need a personal assistant during your mobility, please describe the reasons why and the costs related to a personal assistant (number of working hours, etc.). | | |
|  | | |
| **Sum:** |  | **EUR** |

* 1. **Medical treatment**

|  |  |  |
| --- | --- | --- |
| If you need to undergo medical treatment and/or use rehabilitation services during your mobility, please describe which treatments or services you will need, the reasons for them, and their extent. | | |
|  | | |
| **Sum:** |  | **EUR** |

* 1. **Special didactic materials and aids**

|  |  |  |
| --- | --- | --- |
| If you need special didactic materials or aids (e.g. learning materials in Braille, enlarged copies, etc), please list and describe which materials or aids you will need and why. | | |
|  | | |
| **Sum:** |  | **EUR** |

* 1. **Other costs**

|  |  |  |
| --- | --- | --- |
| Please list, describe, and explain any other costs that you will need (e.g., a sign language interpreter, medical devices or aids, a service animal or any other costs related to your specific barrier to participation). | | |
|  | | |
| **Sum:** |  | **EUR** |

|  |  |  |
| --- | --- | --- |
| **TOTAL** |  | **EUR** |

***FILLED BY THE PARTICIPANT***

1. **Are you convinced that the receiving institution is suitable to your needs?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

# SUPPORTING DOCUMENTS:

* 1. Acceptance letter (students);
  2. Mobility agreement (staff);
  3. Additional documents, if needed.

NB! The Erasmus+ Agency reserves the right to ask for additional clarifications and/or proof regarding the need for inclusion support.

1. In justified cases, the National Agency may accept costs that have been incurred before the inclusion support application has been approved. [↑](#footnote-ref-1)
2. See grant agreement article regarding budget transfers and flexibility. [↑](#footnote-ref-2)
3. Confirmed by the HEI representative by digital signature. [↑](#footnote-ref-3)
4. All costs must be linkable to the participant, preferably made using the participant’s bank account and the participant will need to present payment confirmations in addition to receipts. In case of cash payments, a purchase receipt is sufficient. The receipt must show the date of purchase, total amount paid, and a description of the product or service purchased. If the receipt is not in English or Estonian, the participant must provide a translation (can be translated by the participant themselves). [↑](#footnote-ref-4)