

**Declaration form for the mobility of participants with disabilities in Erasmus+ mobility projects in higher education**

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| **I**  **Data on the mobility participant** |
| 1. Name and Surname
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| 1. Sending Institution
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| 1. Receiving Institution and country
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| 1. Type of the mobility
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| 1. Duration of the mobility
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| **II Description of disability** |
| 1. Type of invalidity
 |  |
| 1. Degree of disability
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| 1. Need for a companion (indicate the period in which a companion is needed, as well as the amount of additional costs for companions)
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| 1. The need for health services/treatments during the mobility period (if any, state which and their amount)
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| 1. The need for special teaching aids (if any, state their amount)
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I, the undersigned, confirm that the information provided in the form is correct and complete.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature