

Application form for students or staff with special needs in Erasmus Mobility

To be submitted by the institution to the Danish Agency for International Education

I. INFORMATION ABOUT THE APPLICANT

a. The person submitting the application:

SURNAME	
FIRST NAME	
POSITION	
INSTITUTION	

I certify that the information given on this form is, to the best of my knowledge, true and accurate.

SIGNATURE

[On behalf of the institution]

DATE

Erasmus mobilitet for studerende, undervisere og ansatte

Akademiske år 2012-2013



b. The student, teacher or staff with severe disability or exceptional special needs:

SURNAME	
FIRST NAME	
HOME INSTITUTION	
ERASMUS CODE OF HOME INSTITUTION	
NAME OF HOST INSTITUTION	
ERASMUS CODE OF HOST INSTITUTION	
SUBJECT OF STUDY/TEACHING/WORK	
LENGTH OF STAY (months/weeks)	
DATES OF STAY	

I certify that the information given on this form is, to the best of my knowledge, true and accurate.

SIGNATURE.....

[Student/Teacher/Staff]

DATE.....

II. QUESTIONS REGARDING THE DISABILITY/SPECIAL NEEDS

a. Please describe the disability or exceptional special needs:

Specificity	Description
Nature of the disability:	
Degree of physical mobility:	
Do you need a permanent helper?	
Do you only need temporary help?	
What kind of medical follow-up do you need (physiotherapy, medical check-up, etc.)?	
Do you need specific didactical material? - in Braille: - recording of the lectures: - enlarged photocopies: - other:

b. Please indicate the amount of extra grant you request in Euro (Please provide a detailed cost estimate of the additional need required when abroad in paragraph 'III – DETAILED COST ESTIMATE OF THE ADDITIONAL NEED REQUIRED' at the end of this form):

Erasmus mobilitet for studerende, undervisere og ansatte

Akademiske år 2012-2013



- c. Do you benefit from other funding or help in kind on top of the Erasmus grant? Please provide detailed information:

- d. Will you keep this financial support when you go abroad? If not, which kind of help will be withdrawn and what would be the impact on your budget? Please explain:

- e. Please list the verification enclosed with this application :

Description	Yes/No
Invalidity card (certified photocopy):	
Medical certificate (original and not more than three month old):	
Other:	

- f. Have you checked beforehand with the person in charge of disabled persons in the host institution that the latter is able to cope with your needs? Please provide evidence that the host institution is aware of your needs and has accepted your coming as an Erasmus student/teacher/staff (copy of the letter from host institution). *For more information, please see the European Commission 's Website at: http://ec.europa.eu/education/erasmus/doc1055_en.htm*

III. DETAILED COST ESTIMATE OF THE ADDITIONAL NEED REQUIRED

Please fill out the following table:

Description	Amount requested
Coach	
- during travel (in and out)	..... euro
- for moving in and out	..... euro
Special transportation (for physically handicapped)	
- from home to the host institution	..... euro
- locally during the Erasmus period	..... euro
Accommodation (in case an adapted room is not available on the university campus)	..... euro
Helper	
- during the day (how many hours a day)	..... euro
- during the night	..... euro
Care assistant	..... euro
Medical follow-up (physiotherapy, medical check-up *), etc..)	..... euro
Special didactical material (in Braille, enlarged photocopies, recordings, etc.)	..... euro
Other	..... euro

*) this medical check-up should take place in the host country.