

**Erasmus+ (Higher Education)**

**KA103 – Mobility between Programme Countries**

**Teacher/Staff Application Form for Supplementary Support**

**Teachers/Staff with physical, mental or health related conditions 2018/2019**

*Please complete this form and post or scan and send by email to the address below by* **Friday 13 July 2018**

**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.

**THE TEACHER/STAFF MEMBER**

SURNAME

FIRST NAME

HOME INSTITUTION

ERASMUS CODE OF HOME INSTITUTION

NAME OF HOST INSTITUTION

ERASMUS CODE OF HOST INSTITUTION

NAME AND ADDRESS OF HOST ENTERPRISE (IF APPLICABLE)

LENGTH OF STAY (in hours/days)

DATES OF STAY

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

SIGNATURE..

*[Teacher/Staff Member]*

DATE

**NB:**

**As funds are awarded on the basis of real costs please retain all receipts relating to the Supplementary Support Grant for submission to your International Officer at the conclusion of your mobility period1. Please describe the disability or exceptional special need.**

E.g. Nature of the disability? Degree of physical mobility?

**2.**  **Please outline the assistance required** e.g.

a) Do you need assistance with transport? (Please specify)

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| --- |
|  |

b) Personal & academic support (if so, please specify)

Do you need a permanent helper?

Do you need temporary help?

What kind of medical follow-up do you need

(Physiotherapy, medical check-up, etc.)?

|  |
| --- |
|  |

c) Do you need specific didactical material, assistive technology, etc.

(Please specify)

|  |
| --- |
|  |

d) Other aids or assistance required (please specify)

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| --- |
|  |

**3. Please indicate the amount of extra grant you request in Euro (Please provide a detailed cost estimate of the additional need required when abroad using the attached form Annex 2.2).**

**4. Please list the verification enclosed with this application:**

- Medical certificate (original and not more than three months old)

- Other documentary evidence

**5. Have you checked beforehand with the host institution/enterprise that they are able to cope with your needs?**

*To be returned to:* **Mariana Reis, Higher Education Authority, 3 Shelbourne Buildings, Shelbourne Road, Dublin 4 by Monday 19 June 2017**

**Email**: mreis@hea.ie

*Annex 2.2*

**DETAILED COST ESTIMATE OF THE ADDITIONAL NEED REQUIRED**

Only complete the sections that apply in your specific case

**Amount requested**

**1. – Extra costs associated with transport €**

**from Ireland to host country** (please list)

**- (for physical disability)**

**Special transportation**

- from accommodation to the host institution **€**

or enterprise

- locally during the Erasmus+ period.  **€**

**2. - Accommodation** (in case an adapted room

is not available on the university campus) **€**

**3. -Personal assistance:** e.g. Care assistant

**. during the day (how many hours a day) \_\_\_\_\_ €**

**. during the night €**

**4. Academic assistance** e.g Notetaker/Sign Language **€**

Interpreter/Reader/Scribe

**5. -Special didactical material €**

(in Braille, enlarged photocopies, recordings, etc.)

**6. – Equipment** (please itemise)

**-**  **€**

**- €**

**7. -Medical follow-up €**

(Physiotherapy, medical check-up \*, etc)

\* This medical check-up should normally take place in the **host** country. Exceptions to this can only be considered by the NA if applied for in advance in this application.

**8. Other €**

(please specify)