****

**Erasmus+ (Higher Education)**

**Student Application Form for Supplementary Support**

**To be submitted by the institution to the Irish NA**

**STUDENTS WITH PHYSICAL, MENTAL OR HEALTH RELATED CONDITIONS - 2016/2017**

Please complete this form and post or scan and send by email to the address below by**Monday 11 July 2016**

**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 STUDENT**

SURNAME

FIRST NAME

HOME INSTITUTION

ERASMUS CODE OF HOME INSTITUTION

NAME OF HOST INSTITUTION

ERASMUS CODE OF HOST INSTITUTION

NAME & ADDRESS OF HOST ENTERPRISE (IF APPLICABLE)

LENGTH of STAY (months).......................................................................................

DATES OF STAY From: To:

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

SIGNATURE.......................................................................................................

 *[Student]*

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. 1. 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? (if so, please specify)

|  |
| --- |
|  |

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)

|  |
| --- |
|  |

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

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?

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

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

- Other documentary evidence

**6. Have you checked beforehand with the person in charge of disabled students in the host institution/enterprise that the latter is able to cope with your needs? Please provide evidence that the host institution/enterprise is aware of your needs and has accepted you as an Erasmus student/traineeship (copy of the letter from host institution/enterprise).**

*To be returned to:* **Mariana Reis, Higher Education Authority, Brooklawn House, Shelbourne Road, Dublin 4 by Monday 11 July 2016**

**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. **a) Extra costs associated with transport €**

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

**b) - (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)