



„ERASMUS+“ INCLUSION SUPPORT APPLICATION

I. HIGHER EDUCATION INSTITUTION INFORMATION *(filled by a representative of HEI)*

1. Name of HEI	
2. Project No. (e.g.: 202X-1-LT01-KA1XX-HED-XXXXXXXXXX)	
3. Email address (contact person)	
4. Phone No. (contact person)	

II. PARTICIPANT INFORMATION ¹

1. Name, surname	
2. Mobility ID	
3. Email address	
4. Phone No.	

¹ Please note that the mobility of participants requesting additional support cannot be financed by national funding.

III. MOBILITY INFORMATION

1. Mobility type	☐ Student mobility for studies ☐ Student mobility for traineeships ☐ Staff mobility for teaching ☐ Staff mobility for training
2. Receiving HEI, country	
3. Sending HEI, country (<i>in case of KA171</i>)	
4. Mobility duration	<i>From (year-month-day) until (year-month-day)</i> <i>Duration Months, days</i>
5. Does participant receive fixed grant support for participants with fewer opportunities (<i>Top-up</i>)? ²	☐ Yes ☐ No <i>If yes, please indicate whether the additional fixed grant (Top-up) will not be used to cover the costs requested in the application:</i> <i>If no, please state the reason why the additional fixed grant is not awarded:</i>
6. Travel grant amount for participant (<i>if applicable</i>)	
7. Are additional travel days funded for the participant?	☐ Yes ☐ No <i>If yes, please specify the number of days of travel to be funded:</i>
8. Does the mobility participant receive green travel?	☐ Yes ☐ No

² 250 €/month for long-term mobility, 100 € for short-term mobility (5-14 days), 150 € for mobility of 15-30 days. Applies only for student mobility.

IV. INDIVIDUAL NEEDS OF THE PARTICIPANT

1. Type of special need or disability	
2. Support type (<i>during mobility</i>)	☐ Permanent ☐ Temporary ☐ Not required
3. Additional facilities, services needed during the mobility	☐ Accommodation and transport services ☐ Medical and rehabilitation services ☐ Other (<i>please, describe</i>):
4. Does the participant need additional support for a preparatory visit before the start of the mobility visit?	☐ Yes ☐ No <i>If yes, please provide a description of the preparatory visit and duration:</i>

V. INFORMATION ABOUT ACCOMPANYING PERSON (*if applicable*)

1. Name, surname	
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VI. ADDITIONAL INFORMATION

1. Support provided by the receiving institution	☐ Accommodation <i>If yes, please describe in more detail and indicate the price of the proposed accommodation:</i> <i>If not, please explain why housing is not provided:</i> ☐ Medical facilities/services (e.g. swimming pool services, etc.) <i>If yes, please describe in more detail what kind of help it is:</i> ☐ Other <i>If yes, please describe in more detail:</i>
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IMPORTANT You must answer **all** the questions in the application in a responsible and complete manner and justify (with supporting documents) the amount of additional grant requested. If the application includes the services of an accompanying person, it is important to check before submission whether such services (e.g. escorting to lectures) are offered by the host institution.

SUPPORTING DOCUMENTS

- ☐ Detailed budget for inclusion support (Annex 1).
- ☐ Documents justifying the amount of inclusion support requested. For example, where additional funding is requested:
 - for essential goods and services (hygiene products, medicines, massages, swimming pool, etc.) - indicative prices must be provided, showing the difference in prices of the goods and services compared to the sending and receiving institution's country. These costs must be related to the participant's disability and the need for them must be stated in the medical certificate;
 - for accommodation (accessible for participant with fewer opportunities):
 - If you choose to live in accommodation offered by the receiving institution, please provide information on the price difference, if any, between standard accommodation and accommodation accessible for participant with fewer opportunities. Please note that **ONLY** the difference between standard accommodation and accommodation accessible for participant with fewer opportunities is financed.
 - In the case of refusal or non-availability of accommodation offered by the receiving institution and self-rental, accommodation offers from the receiving institution must be provided, with prices quoted, and the reasons for refusal must be given. Please note that **ONLY** the difference between standard accommodation and accommodation accessible for participant with fewer opportunities is financed.

Please note that the participant will have to reimburse the higher education institution for the costs incurred during the mobility by submitting supporting documents: receipts, invoices, payment orders, housing rental agreement, etc.

By signing, I confirm that:

1. All the information provided in this application is correct and complies with the set out criteria.
2. **The higher education institution has received documentation supporting the participant's medical condition and/or individual needs related to the disability, and ensures that the expenses requested are necessary. Medical records documenting individual needs must**

be kept for 5 years after final payment.³ Education Exchanges Support Foundation reserves the right to request documentation from the higher education institution in support of the request for additional funding if necessary.

3. If the participant receives an additional fixed grant⁴ of €250/month for long-term mobility or €100 for short-term mobility (for mobility periods of 5-14 days), €150 (for mobility periods of 15-30 days) and an additional grant based on actual costs incurred, the two additional grants will cover different costs;
- I have been informed that the Foundation will process the personal data provided by the institution for the purpose of grant administration (legal basis under Article 6(1) of the GDPR - necessity for the performance of the contract). By providing personal data I am informed of the following:
 - The Foundation will process personal data to ensure: encryption of personal data; confidentiality, integrity, availability and resilience of data processing systems and services; timely restoration of availability and access to personal data in the event of a physical or technical incident; to verify and evaluate the effectiveness of technical and organisational measures to ensure data security; to protect personal data against accidental and unlawful destruction, alteration, and to protect access to personal data;
 - I have the right to access my data, the right to request rectification, erasure or restriction of processing, the right to data portability, and the right to lodge a complaint with a supervisory authority (State Data Protection Inspectorate, [Kontaktai - Valstybinė duomenų apsaugos inspekcija](#)).
 - The Foundation will keep the data of the individual(s) for no longer than is necessary to administer the grant agreement.
 - Personal data will be anonymised ten years after the end of the year in which the last project in the relevant programme was closed (closure is defined as the last financial transaction between the National Agency (NA) and the grantee organisation).
 - I have the right to contact the Foundation in writing (privatumas@smpf.lt) for further information on the processing of personal data.

Legal representative of the institution

(position, name, surname)

³ Based on the retention period for supporting documents and records set out in the grant agreement.

⁴ Student mobility for studies: from 2 months (or one academic semester or trimester) up to 12 months of physical mobility, excluding travel time. Student mobility for traineeship/teaching practice: 2-12 months of physical mobility, excluding travel time. Doctoral mobility (study and/or traineeship): 5-30 days or 2-12 months of physical mobility (including, if planned, an additional period of traineeship/internship), excluding travel time. Mobility of doctoral students for the purpose of study and/or traineeship: 5-30 days or 2-12 months of physical mobility (including, if planned, an additional period of traineeship/internship), not including travel time.

SIGNED BY A QUALIFIED ELECTRONIC SIGNATURE

In case the legal representative is replaced by another person, please provide a copy of the document confirming the replacement