# ERASMUS+ ADDITIONAL FINANCIAL SUPPORT

**FOR STUDENTS WITH A DISABILITY AND/OR SPECIAL NEEDS**

**Why this additional subsidy for special needs?**

Erasmus + is an inclusive program, for everyone. It offers all people the opportunity to gain knowledge and experience abroad. This additional subsidy is available to enable the accessibility of an experience abroad for participants with a disability. This additional subsidy helps participants with a disability to compensate for the extra costs.

**For whom?**

The Dutch National Agency for Erasmus+ (Nuffic) can provide additional financial support for

students with a disability and/or special needs who would like to follow a study programme, do research or carry out a traineeship at a European higher education institution, organisation or enterprise. The additional financial support from Erasmus+ is meant to cover costs that cannot be funded from other sources, for example for accessible accommodation, (medical) guidance and specific mobility and disability equipment.

# Eligibility requirements

* You have a disability or functional impairment and need extra facilities to be able to carry out your studies, research or traineeship.
* A medical declaration must indicate the nature of the disability as well as what additional services are needed for the mobility period.

# Application process

1. Indicate that you would like to receive additional financial support by sending an email to erasmusgrant@tudelft.nl at least 4 months before the start of your Erasmus+ period.
2. Follow and complete the regular application process for the Erasmus+ studies or traineeship grant.
3. Provide the following supporting documents:
4. **Completed and signed application form KA103.** Here you will provide a description of your personal situation and the extra facilities that you need during your Erasmus+ period, such as housing, guidance and transport, study or educational material. You will also provide a detailed budget of the expenses required for the extra facilities mentioned above, with the exception of the expenses covered by other sources of funding. If applicable: you will need to provide a detailed overview of the other sources of funding, for example insurances or grants, and the facilities covered by these sources.
5. **Doctor's statement** and an additional explanatory statement from your study advisor.
6. **A signed agreement** between TU Delft and the receiving organisation / institution about the facilities that will be arranged and provided.

# TU Delft submits the application for additional financial support to Nuffic who will assess the request and will inform TU Delft which expenses can be covered through additional financial support.

# Report and Expenses justification

If additional financial support shall be granted in addition to the regular Erasmus grant, the student / staff member must submit to the National Agency within one month after their return the following documents:

* an exact expense justification of the allocated additional funding. If you ultimately needed less budget and / or cannot justify (certain) costs with supporting documents, the subsidy will be adjusted and a settlement will take place.
* a Statement of the Host with the exact start and end dates of the mobility period

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| **FORM 1****TO BE COMPLETED BY THE PARTICIPANT ERASMUS +** |
| Last name |  |
| First name |  |
| Date of Birth |  |
| Name of home institution and study program |  |
| What are the effects of your disability on your mobility (for which additional costs are required)? |  |
| Is it okay if your home institution or Erasmus + contacts you for an interview afterwards? The purpose of an interview is to share your story through your own communication channels to inspire others. | Yes/No  |
| What is needed during the stay? Think of:• Follow-up visits to a doctor, therapy, etc. in the host country • Specific housing and / or commuting • Need for a supervisor (full / part-time) • Need for special study material • Other needs in relation to the disability / illness For which things can help you during your stay, can your home institution make agreements with the host institution / host organization? |
| *[Describe here what is needed during the stay]*  |

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| ESTIMATE - ADDITIONAL COSTS Only state here those extra costs that you incur because of your disability, illness, etc., so not the usual travel and accommodation costs during the mobility period. Keep the supporting documents in a safe place. You must submit this to the Erasmus + coordinator of your institution after your return.  |
| **Cost** | **Enter amounts (estimate)** |
| Extra travel costs **to and from** the destination by the participant |  |
| Extra reiskosten van en naar de bestemming door deelnemer  |  |
| Additional housing costs at the destination - for example, the extra costs on top of the average rent at the destination  |  |
| Supervisor - hiring costs (full-time / part-time)  |  |
| Other costs of the supervisor |  |
| Follow-up visits to a doctor, therapy, etc. in the host country  |  |
| Special study material (if the institution does not make this available) |  |
| Other extra costs, specify here.  |  |
| **Total of the additional costs** |  |
| I declare that: * the information I provided in my application is complete and correct.
* I cannot finance these additional costs from other sources.
* I will submit the supporting documents for costs incurred to the Erasmus coordinator of my institution after my return.

Date: Place: Signature: |

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| **FORM 2**TO BE COMPLETED AND SIGNED BY THE ERASMUS COORDINATOR AND / OR OTHER RELEVANT STAKEHOLDERS OF THE HOME INSTITUTION |
| Name of Host Institution |  |
| Country |  |
| Start and end date of the participants mobility |  |
| In which call year is this participant listed in the MT tool? |  |
| Project number call year |  |
| Please tick whether it concerns a request for additional budget or funding from the available budget within the E + project. | * Request for additional budget
* Request to deploy available budget within the E + project
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| Who is the contact person at the host institution / host organization? |  |
| Name Erasmus+ coördinator |  |
| Name of other person involved within the institution (optional) |  |
| Signature and date (optional) |  |
| I hereby declare that: * the above information is complete and correct.
* the Erasmus + Coordinator and / or assessment body within the institution has checked the medical background and the motivation for the extra costs for this participant and these are considered plausible.
* Follow the instructions below.

**Name:****Date:****Place:****Signature:** |