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Declaration form for the mobility of participants with disabilities in Erasmus+ mobility projects in higher education

I Data on the mobility participant	
1. Name and Surname	
2. Sending Institution	
3. Receiving Institution and country	
4. Type of the mobility	
5. Duration of the mobility	

II Description of disability		
1. Type of invalidity		
2. Degree of disability		
3. Need for a companion (indicate the period in which a companion is needed, as well as the amount of additional costs for companions)		
4. The need for health services/treatments during the mobility period (if any, state which and their amount)		
5. The need for special teaching aids (if any, state their amount)		

I, the undersigned, confirm that the information provided in the form is correct and complete.

Place and date _____

Signature