DECLARATION OF HONOUR

I, the undersigned confirm that the information contained in this declaration is correct to the best of my knowledge.

I declare that I have the right for Erasmus+ higher education mobility project KA131 fewer opportunity top-up for out-going student as I am:

(*choose one*)

[ ]  recipient of Estonian needs-based study/special allowance

[ ]  parent of minor child/children

[ ]  from foster care background

[ ]  with diminished work ability

[ ]  with health related special needs or chronic illness[[1]](#footnote-1)

Signatures [*or to be signed digitally if possible*]

|  |  |
| --- | --- |
| Name of the mobility participant |  |
| Signature of the mobility participant |  |
| Date of signature |  |
| Name of the sending organisation |  |
| Name of the Erasmus coordinator |  |
| Signature of the coordinator |  |
| Date of signature |  |

1. In case the fewer opportunities students’ monthly top-up will not cover all health related costs, you will have the right to also apply for inclusion support. [↑](#footnote-ref-1)