Swiss Erasmus+ programme

Notification of requirements  
For reimbursing additional costs to enable the participation of persons with special needs

Explanation

Movetia supports the participation of people with special needs in exchange and mobility projects. There are various obstacles to the participation of people with disabilities or chronic physical or mental illness. In order to make it possible to overcome these obstacles and help people with special needs to take part, Movetia examines and reimburses the additional costs incurred in accordance with costs deemed eligible (cf. Article 17 in the General Terms and Conditions).

Eligible costs for persons with special needs can only be reimbursed through Swiss institutions with approved projects. With or after submission of the original project application, this form can be used to register the need to cover any additional costs incurred by persons with special needs by the final report at the latest. The term “additional costs” refers to the comparison with the costs incurred by participants without special needs.

The notification of requirements must be sent to [info@movetia.ch](mailto:info@movetia.ch) and will be confirmed by the relevant section within 30 days. In the case of a notification of requirements for an incoming mobility, this form must be accompanied by a confirmation of the need for support from the sending organisation/institution; in the case of an outgoing mobility, confirmation of the host institution’s readiness to receive the person with special needs.

Movetia can reduce disproportionately high costs in favour of a less expensive option. Eighty per cent of the payment is made within 30 days of confirmation and will be made to the account specified in the project’s grant agreement (not to a private account). The final settlement of account and reimbursement will be made once the project has been concluded according to the actual costs calculated on the basis of the statements and receipts submitted in the final report.

Notification of requirements

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| --- | --- | --- | --- | --- |
| Institution registering the requirements | | | | |
| Name and address of the  institution |  | | | |
| Project concerned (project number): |  | | | |
| Last name and first name of the contact person |  | |  | |
| Phone no. |  | E-mail | |  |
| Last name and first name of the person authorised to sign |  | |  | |
| Phone no. |  | E-mail | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person with special needs | | | |
| Last name |  | First name |  |
| Phone no. |  | E-mail |  |
| Country of residence  (CH / abroad) |  | Duration of the exchange activity (from / to) |  |
| Sending institution (for incoming mobility) |  | | |
| Receiving institution (for outgoing mobility) |  | | |

Do you wish to use this notification of requirements to apply for the reimbursement of additional costs to enable the participation of other persons with special needs?

Select an element.

If your answer was yes: there is space for the contact details of other people with special needs on the last page of this form.

Description of the special needs

**Please describe the special needs in max. 1,500 characters.**

Please address the following issues:

* Which needs are they?
* What impact do these needs have on mobility?
* Is temporary or permanent supervision necessary?
* Is medical care necessary and if so, what kind?
* Is specific educational material necessary?
* What has to be taken into particular consideration when organising accommodation and travel?

If the request is for more than one person, information for each person with special needs has to be included under “Description of the special needs” and “Additional costs applied for”.

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Additional costs applied for

Both costs already incurred and estimated future costs can be included. List the individual additional costs clearly and comprehensibly as described above. Please clarify the costs incurred as clearly as possible and make sure you choose commensurate solutions.

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| --- | --- | --- |
| Person with special needs | Type of additional costs | Additional costs: amount in CHF |
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| **TOTAL IN CHF** |  | |

Sworn declaration

I hereby confirm that the information provided in the notification of requirements is true and that the organisation registering the needs has taken and continues to take all possible measures to ensure the best possible participation of the person(s) concerned in the project. I confirm that the additional costs reported are not already being reimbursed by another source of funding.

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| Place, date | Signature of person authorised to sign |

Attachments (as a scan)

* INCOMING: confirmation of the need for support by the sending institution
* OUTGOING: confirmation of readiness of the host institution to receive the person
* Contact details in additional form (p. 5) if a notification of requirements concerns several people with special needs

Other persons with special needs

Please only fill in the following details if you would like to apply for the reimbursement of additional costs for several persons within one and the same notification of requirements. Details on each person with special needs has to be included under “Description of the special needs” and “Additional costs applied for”.

|  |  |  |  |
| --- | --- | --- | --- |
| Person with special needs | | | |
| Last name |  | First name |  |
| Phone no. |  | E-mail |  |
| Country of residence  (CH / abroad) |  | Duration of the exchange activity (from / to) |  |
| Sending institution (for incoming mobility) |  | | |
| Receiving institution (for outgoing mobility) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Person with special needs | | | |
| Last name |  | First name |  |
| Phone no. |  | E-mail |  |
| Country of residence  (CH / abroad) |  | Duration of the exchange activity (from / to) |  |
| Sending institution (for incoming mobility) |  | | |
| Receiving institution (for outgoing mobility) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Person with special needs | | | |
| Last name |  | First name |  |
| Phone no. |  | E-mail |  |
| Country of residence  (CH / abroad) |  | Duration of the exchange activity (from / to) |  |
| Sending institution (for incoming mobility) |  | | |
| Receiving institution (for outgoing mobility) |  | | |