



Please fill in the template and upload it in the upload field in the Erasmus+ application. The additional funding will automatically be taken into account when calculating your Erasmus+ grant.

Medical declaration of Honour for Erasmus+ Scholarship Top-up for outgoing participants¹

Name (first name, last name)	
Date of birth	
City of birth	
Country of birth	
Start date period abroad	
End date period abroad	
Name of host institution (abroad)	

I hereby confirm that I will spend my studies abroad and that based on medical grounds I am entitled to apply for the Top-up in the Erasmus+ programme (please tick which is most appropriate to your situation):

- Participants with disabilities²
(this includes physical, mental, intellectual or sensory impairments which, in interaction with various barriers, hinders your full and effective participation in society on the same footing as others)
- Participants with health problems³
(barriers may result from health issues including severe illnesses, chronic diseases, or any other physical or mental health-related situation that prevents you from participating in the programme)

<p>Please specify what demonstrable additional costs arise specifically from your participation in a study or internship period abroad that you would not have incurred (or would have incurred to a lesser extent) if you had stayed in the Netherlands? Include a budget showing these additional costs.</p>	
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¹ Participants enrolled at a home institution based in The Netherlands going on a Erasmus+ mobility abroad. This declaration applies to Erasmus+ call 2022 and onward.

² If possible please attach a medical statement.

³ Please refer to note 2.



I have been informed about the conditions and criteria of the individual Top-up.

I have completed this statement to the best of my knowledge and acknowledge that in the event of false statements, I will have to repay the approved funds in part or in full to my higher education institute.

To be filled out by the Student		To be filled out by the Student Dean	
Name		Name	
Date		Date	
Place		Place	
Signature		Signature	