**Erasmus+ programme**

**Honorary Declaration on Fewer Opportunity Status**

|  |  |
| --- | --- |
| Name and Surname  |  |
| Email address  |  |
| Date of birth |  |
| Home faculty  |  |
| Email adress  |  |

I, hereby declare that I belong to the following fewer opportunity group. I agree to provide supporting documents proving the status of disability/fewer opportunity.

🞎 Participant with a disability or chronic illness (functional impairments, chronic or requiring disorders - applies to both mental and physical disorders as well as learning difficulties)

🞎 Participant with economic barriers

🞎 Participant belong to the Roma and Egyptian national minority

🞎 Participant who lives in rural, far way and undeveloped area

🞎 Participant with a child/children

Place and date:

Signature: