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**Accademic and administrative staff**

**Grant application and confirmation to conditions**

Promotion of healthy ageing, welfare and social security EEA-GRANT-205

This form should be kept at the home institution with a copy to the coordinating institution. Note, that the grant will not be paid out before this form has been completed and signed.

*Please, don’t fill your application in handwriting. Only typed documents are accepted.*

**Name, surname**

**Personal identity number**

**Date of birth**  **Sex** **Citizenshi**p

**Home institution** Riga Stradins University, Latvia

**Host institution**

**Exchange period from**

**International Bank Account number (IBAN + BIC)**

To receive a mobilty scholarship, I accept the following conditions:

1.     I agree to use the scholarship exclusively to cover costs for travel, board and lodging and possible language courses, all directly connected to my mobility in the Iceland, Liechtenstein, Norway or Latvia.

2.     If I cancel or interrupt my mobility, I agree to pay back the scholarship or part of it.

3.     I agree to take out the necessary insurances.

4.     I will submit a feedback document after my mobility period, and a copy will be sent to the contact person in my university and to the project coordinator.

I confirm that  all information provided is correct and I agree to terms and conditions of the programme.

Place and date:                                                              Signature:   
  
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