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**Declaration of Honour**

**Top-Up for Erasmus+ participants1**

I, (first name, last name) …………………………………………………………………………..…, born on (date) ……………,

in (city) ………………………..……, (country) ………………………………………………………, hereby confirm that I will

spend my studies abroad from (date) ………………, to (date) ………………, at the (name of host institution) …………………………………………………………………………………, and that I am entitled to apply for the following Top-Up in the Erasmus+ programme (please check the box which is most appropriate for your situation):

🞏 Participants with disabilities

*(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 problems

*(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)*

🞏 Participants from families with a lower basic income2

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 institution.

Name + student number:

Date, place:

Signature:

X

1 Participants enrolled at a home institution based in The Netherlands going on a Erasmus+ mobility abroad. This declaration applies to Erasmus+ call 2023 and onward.

2 Please check the [DUO calculation Tool Student Finance](https://duo.nl/particulier/calculation-tools/calculation-tool-student-finance.jsp) if you are eligible for a supplementary DUO grant and as such eligible for an Erasmus+ Top-Up.

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