**Declaration on inclusion support**

|  |
| --- |
| [ ]  *Mobility of youth workers*[ ]  *Youth Exchange*[ ]  *Youth Participation activity*[ ]  *Discover EU inclusion* |

*To be filled in by the receiving organisation*

I **name, surname** representative of hosting organization **name of organisation** of project **name of the project** (project number **2021-x-xx** ) declare on my honor that the participant **name, surname of participant**, from (country: **name of the country**, sending organisation: **name of organisation**) whose mobility took place from **date** to **date** faces the following barrier/s:

* Disability
* Health problems
* Educational difficulties
* Cultural differences
* Social obstacles
* Economic obstacles
* Discrimination
* Geographical obstacles
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The additional measures and activities carried out to support her/his participation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of receiving organisation

Legal representative

----------------------------------------------

Signature of the receiving organization

Place, Date, Stamp

**Deklarācija par iekļaušanas atbalstu**

Aizpilda uzņēmējorganizācija

[ ]  *Jaunatnes darbinieku projektā*

[ ]  *Jauniešu apmaiņas projektā*

[ ]  *Jaunatnes līdzdalības projektā*

[ ]  *DiscoverEU iekļaušanas projektā*

Es projekta **projekta nosaukums (**projekta numurs **2021-x-xx)** uzņēmējorganizācijas **organizācijas nosaukums** pārstāvis **vārds, uzvārds** apliecinu, ka dalībnieks **dalībnieka vārds, uzvārds** no (valsts: **valsts nosaukums**, nosūtītāja organizācija: **nosūtītājorganizācijas nosaukums**), kura mobilitāte notika no **datums** līdz **datums**, saskaras ar šādiem šķēršļiem:

o Invaliditāte

o Veselības problēmas

o Mācīšanās grūtības

o Kultūras atšķirības

o Sociālie šķēršļi

o Ekonomiskie šķēršļi

o Diskriminācija

o Ģeogrāfiskie šķēršļi

o Cits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Papildu pasākumi un aktivitātes, kas veiktas, lai atbalstītu viņa/-as dalību:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uzņēmējorganizācijas nosaukums

Likumiskais pārstāvis

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Paraksts

Vieta, datums, zīmogs