

Inclusion Support Declaration

To be completed by the Organisation

Organisation name: _____ Project Number: _____

Name of participant : _____

The European Commission encourages the participation of participants with fewer opportunities or disadvantaged backgrounds.

Has this participant received additional support under **Inclusion Support costs**?

Yes

No

Which of the following situations apply to the volunteer? Please select one or more than one option:

Reason	✓
Cultural differences: first- or second-generation immigrants, refugees, ethnic minorities...	
Disability: mental (intellectual, cognitive, learning), physical, sensory, or other disabilities	
Economic obstacles: low standard of living, low income, dependence on social welfare system, young people in long-term unemployment or poverty, homeless, in debt or with financial problems	
Educational difficulties: learning difficulties, early school leavers, lower qualifications, poor school performance	
Geographical obstacles: young people from remote or rural areas, small islands, less serviced areas	
Health problems: chronic health problems, severe illnesses, or psychiatric conditions	
Refugees	
Social obstacles: discrimination because of gender, age, ethnicity, religion, sexual orientation, (ex-)offenders, (ex-)drug or alcohol abusers, young and/or single parents, orphans	

THE COORDINATING ORGANISATION

Coordinator's signature : _____

Date: _____