STATEMENT

concerning departure for Erasmus+ Short-term blended traineeship for doctoral students

I, the undersigned (full name) ……. declare that in connection with my departure on the Erasmus+ exchange:

1. I have an EHIC card valid for the entire period of my travel and stay within the Erasmus+ Programme:
   - expiration date of the card: …….. (applies only to Polish citizens).
2. I have medical insurance valid for the entire period of my travel and stay within the Erasmus+ Programme in the country where the exchange will be implemented:
   - name of the insurance company: ……
   - policy number (i.e. the insurance/insurance card you have): ……
   - insurance validity date: from…….. to …….
3. I have personal accident insurance valid for the entire period of my travel and stay within the Erasmus+ Programme in the country where the exchange will be implemented:
   - name of the insurance company: ……
   - policy number (i.e. the insurance / insurance card you have): …….
   - insurance validity date: from…….. to ……..
4. I have liability insurance valid for the entire period of my travel and stay within the Erasmus+ Programme in the country where the exchange will be implemented:
   - name of the insurance company: ……
   - policy number (i.e. the insurance / insurance card you have): …….
   - insurance validity date: from…….. to ……..
5. I registered my trip in the Odyseusz portal on……. (date) (applies to Polish citizens only).
6. I have familiarized myself with the Erasmus Student Charter, and I undertake to abide by it.
7. As part of the Erasmus+ Programme (please mark the correct answer):

   ☐ I did not participate in any Erasmus mobility Programmes (Erasmus+, Erasmus MUNDUS).

   ☐ I participated in Erasmus mobility Programmes (Erasmus+, Erasmus MUNDUS) during third-cycle studies/doctoral school education (PhD), and the total duration of mobility was……..months.

8. The exchange will be implemented in the language..... (indicate the main language in which the exchange will be implemented)

I declare that all the above data are in accordance with the facts, and I am aware of the criminal liability for making a false statement.

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place, date and signature