

# Erasmus+ Programme

Please attach  
a photo

## Outgoing Student Application



|   |   |
|---|---|
| <b>Deadlines - Applications received after these dates will not be accepted</b>   |   |
| For first semester and whole academic year study: <b>return before 1st April</b><br>For second semester study: <b>return before 1st October</b>                 |   |
| <b>Personal Details</b>   |   |
| London Met ID   | Title   |
| Last Name   | First name  |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female  | Date of Birth   |
| Nationality   | Are you permanently resident in the EU? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| <b>Term-time address</b>  | <b>Emergency contact details (e.g. parents names)</b>   |
|   | Country:  |
| Telephone:  | Home tel:   |
| Email address:  | Work tel:   |
| London Met email:   |   |
| <b>Your Erasmus programme</b>   |   |
| <b>Host institution – First choice</b>  | <b>ERASMUS programme period</b>   |
|   | <input type="checkbox"/> Autumn semester (Sept-Jan) <input type="checkbox"/> Spring semester (Feb- June)<br><input type="checkbox"/> Full academic year (Sept -June)  |
| <b>Host institution – Second choice</b>   | Academic year 20__ / __ (e.g. 2019/20)  |
|   | Will you be completing a work placement as part of your period abroad?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>Level of competence in the tuition language of your choice host institution</b>  |   |
| <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Native Speaker <input type="checkbox"/> Teaching is in English |   |
| <b>Your studies at London Metropolitan University</b>   |   |
| <b>Faculty:</b><br><hr/>  | <b>Current Study year</b>   |
| <b>Your degree title:</b><br>Please state the official title of your degree<br>(e.g. BA Events Management and Marketing)  | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3<br>What was your start month?<br><input type="checkbox"/> September <input type="checkbox"/> February Year |
| <b>Student status</b>   | <b>Campus</b>   |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time   | <input type="checkbox"/> North Campus <input type="checkbox"/> City Campus  |

## Your Health

We ask you below to answer a short health questionnaire. This questionnaire and the answers do not affect your ability to join the programme, but it is very important that we hold this information in case of an emergency. All information is strictly confidential.

**Disability:** The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have a medical condition or a disability?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you take any kind of medicine regularly?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, what kind?   |                              |                             |
| If applicable, will your current prescription cover the period of your stay? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you allergic to any drugs, foods, or chemicals?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, what kind of allergy do you have?                                    |                              |                             |

### Types of Disability:

- |                            |                          |  |                          |
|----------------------------|--------------------------|--|--------------------------|
| Blind/Partially Sighted    | <input type="checkbox"/> | Wheelchair User/ Mobility Difficulties | <input type="checkbox"/> |
| Deaf/Hard of Hearing       | <input type="checkbox"/> | Other Mobility Impairment              | <input type="checkbox"/> |
| Dyslexia                   | <input type="checkbox"/> | Unseen Disability (eg. Diabetes)       | <input type="checkbox"/> |
| Mental Health Difficulties | <input type="checkbox"/> | Other Disabilities                     | <input type="checkbox"/> |

## Equal opportunities monitoring

This is purely for statistics and will not affect your application. If you are unsure of which ethnic origin you are, you can tick 'Other'

### I would describe myself as:

- |                                       |                          |   |                          |
|---------------------------------------|--------------------------|---|--------------------------|
| 11 White-British                      | <input type="checkbox"/> | 31 Asian or Asian British – Indian      | <input type="checkbox"/> |
| 12 White-Irish                        | <input type="checkbox"/> | 32 Asian or Asian British – Pakistani   | <input type="checkbox"/> |
| 13 White-Scottish                     | <input type="checkbox"/> | 33 Asian or Asian British – Bangladeshi | <input type="checkbox"/> |
| 14 Irish Traveller                    | <input type="checkbox"/> | 34 Chinese                              | <input type="checkbox"/> |
| 15 Greek Cypriot                      | <input type="checkbox"/> | 39 Other Asian Background               | <input type="checkbox"/> |
| 19 Other White Background             | <input type="checkbox"/> | 41 Mixed – White and Black Caribbean    | <input type="checkbox"/> |
| 21 Black or Black British (Caribbean) | <input type="checkbox"/> | 42 Mixed- White and Black African       | <input type="checkbox"/> |
| 22 Black or Black British (African)   | <input type="checkbox"/> | 43 Mixed- White and Asian               | <input type="checkbox"/> |
| 29 Other Black Background             | <input type="checkbox"/> | 49 Other Mixed Background               | <input type="checkbox"/> |
| 80 Other Ethnic Background            | <input type="checkbox"/> |   |                          |

## Erasmus grant payment

**Please provide your bank account details for when we pay you the Erasmus grant. Please note that the International Programmes Office can only make payments into UK bank accounts.**

You are entitled to receive an Erasmus grant only once. If you have participated to the Erasmus Programme before you will not be entitled to a second grant

Have you ever received an Erasmus grant? ☐ YES ☐ NO

|                                     |  |
|-------------------------------------|--|
| Name of the bank:                   | Account holders name as it appears on the bank card / account: |
| Name of the branch and full address |  |
| Branch tel:                         |  |
|                                     | Sort code:   |
|                                     | Account number:  |

## Statement of motivation

Please tell us below about your reasons for participating in the Erasmus programme and what you hope to achieve or how you hope to benefit from this experience. Approximately 150-200 words (continue over page & use a separate sheet if necessary)

## Student declaration

- ☐ I understand that it is my responsibility to make all travel arrangements for my Erasmus programme. I understand that it is my responsibility to make accommodation arrangements with the host institution for the entire duration of my Erasmus programme.
- ☐ I understand that it is my responsibility to research module offerings at the host institution and, together with the Erasmus Departmental Coordinator, plan a programme of study that is relevant to my degree and conforms to all London Metropolitan course requirements.
- ☐ I understand that I have to fulfil all requirements and that I have to duly complete all application forms and paperwork as required by the host institution and London Metropolitan University.
- ☐ I do/do not authorise London Metropolitan University to distribute my e-mail address to the host institution(s)
- ☐ I do/do not authorise London Metropolitan University to distribute my e-mail address to other Erasmus programme students
- ☐ I understand London Metropolitan University will collect and process my personal data (including sensitive personal data as defined under the Data Protection Act 1998) in accordance with the University's Data Protection Policy and Student Data Protection Statement. Copies of these can be viewed at [www.londonmet.ac.uk/data-protection](http://www.londonmet.ac.uk/data-protection).  
Please note that you will not be able to continue with the process if you do not confirm your agreement to the declaration statements by ticking the box.

Student's Signature:

Date:

Student Name:

## Erasmus departmental authorisation

Erasmus Departmental Coordinator Signature:

Date:

Erasmus Departmental Coordinator Name:

# Guidance notes

## Personal details

**London Met ID-** Please ensure that this is correct

**Name** - Please use your name as shown on your London Metropolitan University student ID card.

**Date of birth / Gender** – This information is required for statistical purposes by the funding organisation

**Nationality** – Please put down your nationality as it is on your passport. This information is required for statistical purposes by the funding organisation.

**Telephone Numbers / E-mail** –Please make sure that your e-mail address is written down clearly. If you change either your phone or e-mail address, please inform the International Programmes Office of your new details. You can also update these details on Evision at any time.

**Emergency contact details** – This information is extremely important. Please fill in the information clearly so we can easily access it in the event of an emergency.

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## Your Erasmus programme

**Host Institution – Second Choice** – Please give an alternative institution as your first choice may not be available for the semester you have picked.

**Level of competence in the language of your choice host institution** – Be honest! It is crucial for you to have a high level of reading, writing & conversational proficiency to be able to follow the courses in a foreign language.

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## Your studies at London Metropolitan University

**Year of study** - Please indicate the level (year) of study for the period that you intend to be abroad. Please note that the program is only open to 2<sup>nd</sup> level students and students in the first semester of their 3<sup>rd</sup> year. 3<sup>rd</sup> year students in their final semester are not eligible for the programme. It is a requirement for 3<sup>rd</sup> year, final semester students to finish

their studies at London Metropolitan University and not while abroad.

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## Your Health

**Your health** - It is important that you tell us of any health problems or medication that you may be on so we can advise you accordingly. If you are on any medication, ensure you have a sufficient amount for the duration of your Erasmus

programme, as you may not be able to get a renewed prescription or the same medication while abroad. Please carry a copy of your prescription with you to prove that you are taking prescribed medication.

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## Erasmus Grant payment

**Name of bank & address-** please ensure that you complete this section & provide full details or it could delay payment of your grant. The Finance Office often needs to contact your bank in the event of a grant payment problem.

**Account holders name** - please list your name exactly as it appears on your bank statement/card.

**Sort code & Account number-** Please print these numbers clearly to ensure that they are easy to read.

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## Statement of motivation

**Statement of motivation-** This may determine your eligibility. You need to show that you are keen to go abroad, and have done research on the Erasmus scheme and the University/country to which you want to go.

Please note that Erasmus placements will only be awarded to students who have a good academic profile, over 80% attendance and have written a satisfactory statement of motivation.

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## Student declaration

**Student Declaration points-** please ensure that you read each statement carefully and tick where appropriate which indicates to the International Programmes Office that you formally acknowledge the conditions attached to the programme.

**Signature of student** – Sign the form to indicate that the information you have put on your form is correct and you agree to the conditions of the Erasmus programme.