**Force Majeure Notification Form**

Force Majeure is understood as unforeseeable circumstances that prevent someone from fulfilling a contract. Under the Erasmus+ Programme, Force Majeure usually occurs due to the illness of the participant, or death of an immediate family member.

For further information on Force Majeure under Key Action 1 or Key Action 3 Erasmus+ Programme, please refer to Article II.15 of Annex I to your grant agreement, as outlined below:

**ARTICLE II.15 — *FORCE MAJEURE***

**II.15.1** A party faced with *force majeure* must send a *formal notification* to the other party without delay, stating the nature of the situation or of the event, its likely duration and foreseeable effects.

**II.15.2** The parties must take the necessary measures to limit any damage due to *force majeure*. They must do their best to resume the implementation of the *action* as soon as possible.

**II.15.3** The party faced with *force majeure* may not be considered in breach of its obligations under the Agreement if it has been prevented from fulfilling them by *force majeure*.

Please note that Force Majeure is awarded on a case by case basis.

If you feel a case of Force Majeure may apply please complete the following Table:

|  |  |
| --- | --- |
| Project Reference No |  |
| Name of the Beneficiary |  |
| Name of the Participant |  |
| Country of Destination |  |
| Dates the participant is due to travel (start and end date) |  |
| Actual dates travelled |  |
| Number of days completed |  |
| Detailed description of circumstances leading to request of Force Majeure |  |

The following documents should be attached with the request:

1. Flight and accommodation receipts.
2. In the case of illness of the participant - a copy of a medical certificate / letter from doctor.

The National Agency recommends you contact the travel insurance provider to see if they will reimburse for any accommodation costs or additional travel costs incurred.

|  |  |
| --- | --- |
| Signature of the project contact person: |  |
| Date: |  |