

Inclusion Support Declaration

To be completed by the Organisation

Organisation name: _____ Project Number: _____

Total number of participants with fewer opportunities in the project	
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The European Commission encourages the participation of participants with fewer opportunities or disadvantaged backgrounds.

Have those participants received additional support under **Inclusion Support costs**?

Yes

No

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

Reason	Number of participants
Barriers linked to discrimination	
Barriers linked to education and training systems	
Cultural differences	
Disabilities	
Economic barriers	
Geographical barriers	
Health problems	
Social barriers	

THE COORDINATING ORGANISATION

Coordinator's signature : _____

Date: _____

Note : Please make sure the above information matches the information on the Beneficiary Module.