**Annex No. 1**

**Declaration by a student of the Medical University of Lodz for "Green Travel" funding for long-term mobility of students of the Medical University of Lodz for studies abroad under the Erasmus+ program in EU countries and third countries**

**affiliated and unaffiliated with the program from Regions 13 and 14**

**Action 1 - Learning mobility**

**Contract No. KA131-HED 2024**

I, the undersigned…………………………………………………………………………………………………..…………… ………………………………………………………………………………………………

(name and surname, album number, field of study, Faculty)

I am applying for additional financial support under "Green Travel" in connection with my planned mobility to:

............................……………… ......................................................................... ......................................................................................................................

(name of institution, town, country)

within the deadline ……………………………………………………………………………………………………………

(dates of stay in the receiving institution)

**I plan to travel to the selected institution using ecological means of transport:**

☐ public transport: train, bus

☐ car sharing on the basis of carpooling1

**2Date of start of the trip:** ………………………………………………………………………………………………………….………… means of transport …………..………………………………………………………………………………………………

on the route from ……………………………………………………………to………………………………………..……… …………………………………………

(names of places)

1 Carpooling - shared car travel for people traveling for individual purposes on the same route.

2 Individual stages of the journey should be indicated separately for each means of transport.

**Estimated date of arrival:** ……………………………….……………………………………

W związku z powyższym planem podróży wnioskuję o przyznanie dodatkowego wsparcia indywidualnego na dni podróży.

Jednocześnie zobowiązuję się, że po powrocie z mobilności, złożę oświadczenie potwierdzające odbycie podróży zgodnie z zasadami „Green Travel” wraz z biletami do wglądu, w przypadku podróży transportem zbiorowym.

……………….…………………………………………….

Data i podpis uczestnika mobilności