

**ARTIFICIAL INTELLIGENCE
AND NEW TECHNOLOGIES ASSIST
PEOPLE WITH DISABILITIES**

2024-2-BG01-KA122-ADU-000282502



Co-funded by
the European Union



NATIONAL FEDERATION OF
EMPLOYERS OF DISABLED PEOPLE

Project 2024-2-BG01-KA122-ADU-000282502
KA 1 – Learning mobility of individuals
Adult Education and Training
Erasmus+ Programme

Application Form - Mobility Job Shadowing

Project Title: Artificial Intelligence and New Technologies Assist People with Disabilities

Project Number: 2024-2-BG01-KA122-ADU-000282502

PLACE AND DATE: Nykobing Falster, Denmark, 18-26 April 2026
PARTICIPANTS: Teachers/trainers: Corporate Trainers and Support Staff
LANGUAGE: The official language of the project is English.

Personal Information

1. Full Name (exactly as appears in your ID/passport): _____

2. Date of Birth (DD/MM/YYYY): _____

3. Gender: ☐ Male ☐ Female ☐ Undefined

4. Contact Information:

Could you please provide your current residential address (street, number, city, other details of your residence): _____

Phone Number: _____

Email Address: _____

5. Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Professional Information

6. Your profession: ☐ Corporate Trainers ☐ Support Staff

7. Organization from the NFEDP system: _____

8. Position/Role: _____

9. Duration of Employment: _____

10. Brief Description of Responsibilities (Max 150 words):

11. Rate your level of understanding/speaking English language:

	1	2	3	4	5	
Poor	☐	☐	☐	☐	☐	Excellent

Motivation and Expectations

12. Why are you interested in participating in this Job Shadowing? (Max 200 words):

13. What do you hope to achieve by attending this Job Shadowing? (Max 200 words):

14. How do you plan to apply the knowledge gained from this Job Shadowing in your professional context? (Max 200 words):

15. Do you have any previous experience or knowledge in Artificial Intelligence or related technologies? ☐ Yes ☐ No

If yes, please provide details (Max 150 words):

Additional Information

16. Do you have any dietary restrictions or allergies? ☐ Yes ☐ No

If yes, please specify: _____

17. Do you have any special requirements or needs during the training? ☐ Yes ☐ No

If yes, please specify: _____

Specify any special needs (mobility, medical condition, ect...). Otherwise leave blank (use n/a)

18. How did you hear about this training opportunity? ☐ Email ☐ Website ☐ Social Media ☐ Colleague/Friend ☐ Other: _____

Declaration

Additional information and comments:

With the present application in Artificial Intelligence and New Technologies Assist People with Disabilities, I declare that:

☐ I hereby commit myself to participate in the whole process of this Job Shadowing including the activities that needs to be implemented after the Artificial Intelligence and New Technologies Assist People with Disabilities.

☐ I am aware of all the details of this Artificial Intelligence and New Technologies Assist People with Disabilities, including the conditions for application process, my participation and financial details.

☐ I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

☐ With the present application, the participant confirms its ability to participate in the mobility in the mentioned period. If in any case the participant can not travel with the group, he/she has to return to the hosting organization all occurred costs for his/her participation.

- ☐ I have informed about all food requirements that I have (food allergies, preferences, ect...) or any special needs (mobility, medical condition, ect...)
- ☐ By signing this form I allow the National Federation of Employers of the Disabled People to process the personal data provided in this form for the purposes of the present project and to use of the photos/videos from the event in which I participated for the promotion of project activities.
- ☐ I am providing my personal data willingly to the sending and hosting organizations and allowing them to use the personal data in all needed project means.
- ☐ I allow the sending and hosting organizations to photograph and videotape me during the project activities and to use these photos and videos for dissemination and visibility of the project.
- ☐ By submitting this application form, I accept all the conditions of the mobility I am applying for and I commit to comply with the rules of the Erasmus+ program.

Signature: _____ Date: _____



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