

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: Horten, Norway, 23-31 March 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	<input type="checkbox"/> 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: \_\_\_\_\_



**Co-funded by  
the European Union**