



ADDENDUM I

HEALTH STATEMENT

I, _____, bearer of passport number _____, and of _____ nationality do solemnly declare that I do not suffer from any illness, physical or mental condition that would prevent me from carrying out my role in person as a language assistant.

In addition, The Ministry of Education of Spain and/or the regional education offices may request a medical certificate or report if needed, at any given time.

The health, repatriation and civil liability insurance policies subscribed to by the Ministry and the regional education offices in favor of the language assistant, do not cover expenses derived from **pre-existing chronic conditions** during their time in Spain under the program. Therefore, it is the language assistant's responsibility to obtain additional insurance to cover those costs derived from said pre-existing conditions. Note that the costs of medicines are not covered under the insurance policies offered for participation in the program.

The insurance company will send the language assistant the terms and conditions of the insurance policy for the length of the language assistant's participation in the program for their use and information.

I declare that I have read and understood these conditions.

Signed _____

SWORN DECLARATION FOR THE PROGRAM CONDITIONS

1. The Language Assistant Program is an international mobility program that will run for seven/eight months for the 2026-2027 cycle. Renewing in the program is subject to certain requirements and must not exceed the maximum number of years established for each country and/or regional education office.
2. Language assistants will receive a monthly allowance towards housing and living expenses of a minimum of 800 euros, which will not include taxes, social security, nor any other benefits as it is only a grant.
3. Non-UE language assistants will apply for and hold a long-term national visa for learning activity purposes.

I declare that I have read and accept these conditions.

Signed _____