



ANEXO I

STATUTORY DECLARATION ON HEALTH STATUS

I,....., holder of passport/ID document 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 duties as a language assistant in person.

In addition, The Ministry and Autonomous Communities may request a medical certificate or report if necessary. The Ministry, the Autonomous Communities, and the schools will adapt the conditions of duties accordingly, as required by law.

The health, repatriation and civil liability insurance policies subscribed to by the Ministry and the Autonomous Communities do not cover expenses derived from pre-existing chronic conditions during the assistant's stay. Therefore, it is the assistant's responsibility to obtain additional insurance as required. Medication costs are not covered.

The insurance policy only covers the language assistant; it does not cover any accompanying dependent (parents, spouses, or children).

The insurer will send the insured party the terms and conditions of the insurance policy for the period of appointment as language assistant.

I declare that I have read and understood these conditions.

Signed:

STATUTORY DECLARATION ON THE CONDITIONS OF THE LANGUAGE ASSISTANT PROGRAM

- 1. The Language Assistant program is a mobility program lasting eight or nine months. Renewal in the program is subject to certain requirements and will not exceed the maximum number of years established for each country and Autonomous Community.
2. Language assistants do not have an employment contract, nor do they receive a salary. They receive a monthly allowance of between 800 and 1.000 euros, which does not include contributions, social security, or other benefits.
3. The non-UE language assistant will hold a student visa with strict work permits.

I declare that I have read and accept these conditions.

Signed: