



To the Family Care Office, University of Bremen

Bremen, _____ (date)

Notification of Pregnancy or Nursing according to Section 15 Maternity Protection Act

Surname, first name: _____

Student ID number: _____

Scholarship holder

Date of birth: _____

Address: _____

Email: _____

Phone: _____

Degree program/subject(s): _____

I am in my _____ semester of studies.

Estimated date of delivery: _____ Multiple pregnancy

A transcript of records has been included (e.g. StudIP transcript).¹

Privacy statement:

In order to guarantee my protection rights in accordance with the Maternity Protection Act, I consent that the university processes and forwards my personal data of this notification to the following institutions:

- Administrative Unit for Occupational Health and Safety of the University of Bremen/Bremen Labor Supervisory Authority

Student's signature

To be completed by the Family Care Office:

Maternity protection start date: _____ / estimated end date: _____

Proof of the estimated date of delivery has been submitted

forwarded to the Administrative Unit for Occupational Health and Safety for risk assessment

Date, signature, and stamp of the Family Care Office

¹ The Administrative Unit for Occupational Health and Safety will use the transcript to contact teaching staff. This enables faster risk assessment.