



To the Family Service Office at the University of Bremen

Bremen, _____

Notification of pregnancy or breastfeeding in accordance with Section 15 of the Maternity Protection Act

Surname, first name: _____ Date of birth: _____

Matriculation number: _____ E-mail address: _____ Phone no.: _____

Address: _____

Study subjects: _____ Fachbereich: _____

Email of the administrative management: _____ and telephone number:

Fachsemester: _____ Expected delivery date: _____

An overview of the courses is attached.¹

I don't attend any courses anymore. I just have to write my master's thesis.

Privacy policy:

In order to safeguard my protective rights as specified in the Maternity Protection Act, I consent to the processing and forwarding of the above data to the following institutions: ²

- Occupational safety at the University / Bremen Trade Supervisory Office

Signature of the student

To be completed by the Family Care Office:

Maternity protection period Start: _____ / ahead. End: _____

Proof of the date of delivery was submitted.

Forwarding to occupational safety to initiate the risk assessment

Date, signature and stamp of the family service office

¹ The overview is used by occupational safety to contact teachers. This enables the risk assessment to be drawn up more quickly.