



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).<sup>1</sup>

**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

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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

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