

Notification of Pregnancy, Childbirth or Nursing for the Implementation of the Maternity Protection Act (MuSchG)

1 Personal Details

Last name, first name: _____

Address: _____

Email (in case of further questions): _____

2 Student Details

Student ID number: _____ Semester of study: _____

Degree program: _____ Aspired qualification: _____

3 Maternity Protection Data

I hereby notify the University of Applied Sciences Erfurt of my pregnancy or the birth of my child/children.

(Expected) delivery date: _____

I wish to apply for an extended period of postnatal protection due to a premature or multiple birth or the birth of a child with a disability.

I hereby notify the University of Applied Sciences Erfurt that I am nursing my child.

I have read and understood the information on **Maternity Protection for Students**

Proof of pregnancy (copy of the relevant pages of my maternity records, including date of delivery) or of nursing (copy of birth certificate) is enclosed.

Town/city, date

Signature of student

Note:

Your personal data will only be processed for the purposes of implementing the Maternity Protection Act and forwarded to the internal university offices involved in this matter and to the Thuringian State Office for Consumer Protection. In accordance with § 27 (5) MuSchG, your data will be kept for two years and then deleted.

Notes for processing

Start of maternity protection _____ (6 weeks before due date)
period:

End of provisional maternity protection _____ (8 or 12 weeks after birth)
period:

To be completed by the Program Director:

Information sent to:

Examination Board on: _____

Teaching staff _____
if applicable:

Date, Signature of Program Director