Contact:

Sara Schnier

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Postal address:

Family Service, Equal Opportunities Office

Goethe University Frankfurt

Internal PO Box 21

60629 Frankfurt

**Application for Reimbursement**

**My contact details:**

|  |
| --- |
| Last name, first name |

|  |
| --- |
| Status group: research associate, postdoctoral researcher, assistant professor… |

|  |
| --- |
| Faculty, institute or partner institution |

|  |
| --- |
| Tel. |

|  |
| --- |
| E-Mail |

|  |  |  |
| --- | --- | --- |
| **Reason for childcare:** | | |
|  | Event (e.g. congress, conference, workshop) | |
|  | Laboratory work | |
|  | Other, i.e. (please describe briefly): | |
|  |  | |
|  |  | |
| **Childcare details:** | |
| Date | |  |
| Duration (times/number of hours) | |  |
| Place (e.g. at home/emergency childcare facility) | |  |
| Cost (max. rate = €25/hour) | |  |

**Childcare provider's details:**

|  |  |
| --- | --- |
| First and last name (childcare provider) |  |
| Address (private/business) |  |
|  |  |
| Town/city/postcode |  |
| Telephone (optional) |  |
| Email (optional) |  |

**Proof of the childcare provider's aptitude/training is available:**

Yes

No

**Annex**

1. Proof of urgent work-related necessity

Childcare costs can only be covered in the event of urgent work-related necessity. Corresponding proof must be provided as follows:

1. Employer's/doctoral supervisor's signature

|  |  |
| --- | --- |
| First and last name (employer) |  |
| Institut/Lehrstuhl/Projekt |  |
|  |  |

I herewith confirm that there are necessary work-related activities during the period specified:

|  |  |
| --- | --- |
|  |  |

**Employer’s/doctoral supvervisor‘s signature**

1. Proof of participation in a work-related event, e.g. conference (please include the invitation or the programme with your application)

|  |  |
| --- | --- |
|  |  |

**Applicant's** **signature**

1. Proof that no other childcare is available

I herewith declare that no other childcare, for example by other legal guardians, is available for the period indicated above:

|  |  |
| --- | --- |
|  |  |

**Applicant's** **signature**

1. Proof that the applicant has acknowledged the fund's rules

I herewith confirm that I have acknowledged the following information:

1. Each applicant may only avail themself of this service for a temporary period, max. up to one week and only up to a sum of €600/year (sum per person). The amount to be reimbursed per hour of childcare is limited to a maximum of €25. Any additional costs must be borne by the applicant.
2. The childcare provider may not be a relative and must either be attached to an institution or verifiably trained/qualified to care for children (babysitter training, degree in education, carer, nursery school teacher, childminder, etc.).
3. The childcare provider must address and submit their invoice directly to the Family Service. So that the costs can be reimbursed, the applicant must ensure that the invoice is submitted to the Family Service within 14 days after childcare has been provided. For December, 7 December is the cut-off date for submitting invoices. Invoices submitted after this date cannot be settled and must be paid by the applicant themself.

|  |  |
| --- | --- |
|  |  |

**Applicant's signature (date/place/signature)**