



– Landesgraduiertenförderung Program –

Application for Child Care Benefits

Please note the information on the provision of child care benefits in § 3 par. 5 of the LGF statute of Heidelberg University dated 16 June 2020.

Technical information for completing this form:

Please save this PDF on your computer **both before and after filling it out** in order to ensure that your data is transferred correctly.

Mac OS users: Please use the [Adobe Reader for Macintosh](#) rather than the integrated Mac OS Preview. Using the Preview may cause your data to be incorrectly displayed in Windows.

Contact:

Please submit this application for child care benefits with the necessary documentation by postal mail to the Graduate Academy:

Graduiertenakademie Universität Heidelberg – Im Neuenheimer Feld 370 – 69120 Heidelberg

If you have any questions, please contact Ms. Elif Avcu: elif.avcu@uni-heidelberg.de

1. PERSONAL INFORMATION

Last name: _____ First name: _____

Email: _____ LGF identification no. (if applicable): _____

I am applying for child care benefits to begin on (date): _____

2. INFORMATION FOR THE PAYMENT OF CHILD CARE BENEFITS

(not necessary if you are submitting this form along with LGF Form 1.03 or if you have already submitted Form 1.03 and there have been no changes to this information since then)

2.1 Bank account information

Account holder: _____ Bank: _____

SWIFT/BIC: _____ IBAN: _____

2.2 Information about employment at Heidelberg University¹

a) I am an employee of Heidelberg University or am related to Yes → go to b) No
an employee at Heidelberg University

b) Please enter the 8-digit LBV personnel number of the employee
this refers to the first 8 digits of the "Personalnummer" (before the slash)

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3. INFORMATION ABOUT YOUR CHILD(DREN)

1st child: Name _____ Date of birth _____

2nd child: Name _____ Date of birth _____

3rd child: Name _____ Date of birth _____

Please enclose a copy of the birth certificate of each child.

4. INFORMATION ABOUT YOUR RECEIPT OF FEDERAL CHILD BENEFIT PAYMENTS (KINDERGELD)

Please check as applicable.

- I or my spouse/partner receive(s) federal child benefit payments (Kindergeld) according to the Federal Child Benefits Act. I am enclosing a copy of the child benefits certificate (Kindergeldbescheid) from the Employment Agency/my employer as proof.
- I do not receive federal child benefit payments but my child lives with me in my household. I am enclosing a certificate of this from the municipal residents' registration office (Einwohnermeldeamt/Bürgeramt) as proof.
- My spouse/partner does not receive child care benefits as part of his/her LGF fellowship/grant. Neither I nor my spouse/partner receive(s) any comparable child care benefits or family benefits from another source.

DECLARATION

- I hereby confirm that the above information is correct and complete. I will immediately inform the Graduate Academy in writing of any changes to the above information.

Place, Date

Signature

ATTACHMENTS (please check the enclosed documents)

- Copy of the birth certificate of each child
- Copy of the child benefits certificate (Kindergeldbescheid), as applicable
- Certificate from the residents' registration office (Einwohnermeldeamte), as applicable

¹ Information about employment at Heidelberg University for the payment of child care benefits

Legal obligations with regard to taxation and social security make it necessary for Heidelberg University to collect this information in order to make payments to third parties. The information that you provide will have no effect on the payment of the benefits.

If, as a recipient of this funding, you are also employed by Heidelberg University (not including the University Hospital – Universitätsklinikum), you must indicate your LBV personnel number on the payment forms. You must provide the LBV personnel number of a relative only if it is not you, but rather a relative as determined by §15 of the “Abgabenordnung” (see page 2) who is an employee of the university. If you have more than one relative who is an employee of Heidelberg University, you must provide the LBV personnel number of only one of these relatives. To determine which relative, please use the ranking as provided by §15 of the “Abgabenordnung” below.

List of relatives according to § 15 “Abgabenordnung”:

(1) Relatives are:

1. a fiancé(e)
2. a spouse or civil partner
3. parents, children, grandparents, grandchildren and in-laws
4. siblings,
5. children of siblings,
6. spouses or civil partners of siblings and siblings of spouses and civil partners
7. siblings of parents
8. people with whom you have a long-term relationship involving care-giving and with whom you live in the same household (e.g. foster parents and foster children).

(2) The people listed in paragraph 1 are considered to be relatives even if, in cases 2, 3 and 6, the marriage or civil partnership that was the basis of the relationship has ended.