Proof of hours for the subsidy of Baby and childcare costs

update: 8/2021

for the Winter semester 20____/20____ Summer semester 20____

Please complete before submission!

Name of the applicant: _____________________________________________________________

Name of the child/children: __________________________________________________________

The statement of the supervisor(s), a copy of the respective identity card (front and back), as well as, if applicable, the further proofs listed in the information sheet (e.g. confirmation of the teacher) must be attached to the proof of hours.

<table>
<thead>
<tr>
<th>Variant*</th>
<th>Date</th>
<th>Time from</th>
<th>Time until</th>
<th>Care time in hours</th>
<th>Cost per hour</th>
<th>Name caregiver</th>
<th>Signature of caregiver</th>
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</table>

* Explanation of variants - see leaflet Subsidy for baby and childcare costs
Confirmation applicant

With my signature, I, as the applicant, assure the correctness of all information, especially that at the above-mentioned times my child had to be looked after exclusively for the reason stated in the application. I have informed the Department for Student and Examination Affairs of any changes. I am responsible for any necessary taxation of the allowances. I undertake to inform the caregiver(s) of the possibly required taxation of the allowance.

Place, date, signature: ____________________________________________________________

Bank account
Please transfer the grant to the following account:

Financial institution: ________________________________________________________________

Account holder: _________________________________________________________________

BIC: _____________________________________________________________________________

IBAN: ___________________________________________________________________________

I or, if applicable, another legal guardian of my child/children have already submitted an application to the Hamburg University of Fine Arts for a subsidy for baby and childcare costs this semester:

O yes          O no

If yes, please state the name of the applicant: __________________________________________
Declaration of the caregiver (1) outside the regular care hours
Please complete in full and hand in with the timesheet.

Caregiver outside the regular care time(s):

Second name: _____________________________________________________________

First name: ______________________________________________________________

With my signature I assure that I am not related to the child/children in my care and that the
information I have provided is correct.
I agree to the processing and storage of my data for a specific purpose.
The obligation to declare and pay taxes on the income generated by the care is my responsibility as
the caregiver.

A copy of my identity card (front and back) is attached to the declaration.

Place, date, signature: _____________________________________________________

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