KidsMobil Order External Funding

e-mail to: kidsmobil@diebildungspartner.de and dcfam-service@fu-berlin.de
or fax to: 200 78 465 and 838 4 511 37
(To make sure your fax reaches the correct recipient, please note that it is not necessary to dial the 030 area code from within Berlin.) The coordination office will use personal information to document your eligibility to use the service.

Last name, first name _____ Tel. (home) _____ Freie Universität app. _____

Unit (please state): >> Dept., institute / Central facility / Central institute / Central univ. admin. dept. / Excellence unit / CRC / Research alliance / Other

Position/title _____ Name of subject-specific supervisor & administrative manager/spokesperson _____

Type of order:

☐ Request for an appointment to meet between the employee and caregiver (see Sec. 5 (4) and (5) of the terms of use)

Request for EMERGENCY care for the following reasons:

1 ☐ Child has fallen ill on short notice and parent cannot take time off work

2 ☐ Unforeseen urgent need to work outside regular childcare hours

3 ☐ Unexpected problem with regular childcare arrangements if parent cannot take time off work (see Sec. 3 (1) of the terms of use)

4 ☐ Irregular working hours/overtime/need to stand in for others on short notice outside of regular childcare hours, if there is an urgent work-related interest

5 ☐ Unforeseen participation/participation on short notice in scholarly/scientific conferences, committee work, etc. outside of regular childcare hours, if there is an urgent work-related interest

Information on care:

Date of care Start and end times for care	
Care location Street address and postal code of parents' home and, where applicable, the location where the child should be picked up/dropped off	
Phone number (landline/mobile)	
Name(s) of child(ren) Age(s) of child(ren)	

Receipt by the coordination office of the registration form signed by the parents and the relevant supervisor via e-mail or fax is considered to constitute a declaration of consent and order confirmation. To discuss further details, the parents should immediately contact the KidsMobil coordination office at **030 / 9700 28 86**. The office can be reached between **10:00 a.m. and 12:00 p.m.** on business days. If you are calling outside business hours, please leave a message.

Job-related urgency confirmed:

Date _____ **Employee signature; if different, also include signature of custodial parent** _____

I affirm that the foregoing information is correct and I accept the terms of use. I am aware that knowingly providing false information will result in consequences under labor and employment law.

Subject-specific supervisor signature _____

Signature of administrative manager/spokesperson _____

If the administrative manager cannot be reached, his/her signature can be obtained later. (See Sec. 2 (3) of the terms of use.)