

## Admission form

**Kleinstein Day Care Centre**  
Egilolfstrasse 37, 70599 Stuttgart

The Kleinstein day care centre offers nursery places for children of employees at the University of Hohenheim. The places are allocated in conjunction with the university's equal opportunities office.

**Please note:**

You can register the nursery place that you wish for your child at the day care centre finder for the city of Stuttgart: <http://www.stuttgart.de/kits>.

Information on handling your data can be found on the notice boards in our facilities and under: [www.my-stuwe.de/datenschutz](http://www.my-stuwe.de/datenschutz)

Please complete, sign and send this form to:

**Studierendenwerk Tübingen-Hohenheim A.d.ö.R.**  
**Kita Tübingen**  
**Wilhelmstraße 97, 72074 Tübingen**  
**Contact: Frau Kristina Mai**  
**E-Mail: [kristina.mai@sw-tuebingen-hohenheim.de](mailto:kristina.mai@sw-tuebingen-hohenheim.de)**  
**Phone: 0 70 71 /687 8354, Fax: 0 70 71 / 256 815**

**Child:**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender:  female  male

Brothers & sisters: Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Ideal starting date: \_\_\_\_\_

**Applicant:**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Gender:  female  male

Address: \_\_\_\_\_ (street and house number)

\_\_\_\_\_ (post code and town)

Phone (daytime): \_\_\_\_\_

Mobile phone (daytime): \_\_\_\_\_

E-mail: \_\_\_\_\_

Current employment relationship (job, scholarship, etc.):

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Faculty / Institute / Institution: -----

**For young academics:**

Your next qualification goal is:

a doctorate  university teaching qualifications  something else:-----

Your specialist field: -----

In your qualification work, you are:

at the beginning  half-way through  close to completion

Time when you expect to complete your studies: -----

Any comments, if necessary: -----

**Please note:** Please enclose the fully completed declaration covering your current employment contract with the University of Hohenheim or your scholarship as evidence of your employment relationship (see page 5).

**Partner:**

Surname: -----

First name: -----

Gender:  female  male

Address: ----- (street and house number)

----- (post code and town)

Phone (daytime): -----

Mobile phone (daytime): -----

E-mail: -----

**For employees:**

Looking for work:  Yes  No

Current employment relationship (employer, job, scope):

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**For students:**

University: -----

Faculty / Institution: -----

Semester: -----

Probable qualification:  Bachelor  Master  State exam  
 Diploma  Doctorate

This is your:  first course  second course

Date when you expect to complete your studies: \_\_\_\_\_

**Are you a single parent?**  Yes  No

**Entitled to custody:**  Joint custody  Mother  Father

**General information:**

Your reasons for needing a place at a day care centre  
(e.g. combining family and career, housing situation, travel times)

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How have you arranged care for your child in the past?

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***(Place, date)***

***(Signature of applicant)***

## Certificate of employment

Mr / Ms ..... works at the University of Hohenheim

as a visiting scientist

- Yes  
 No

in the

- academic  
 non-academic field.

This is a

- permanent  
 temporary working relationship until .....

on a

- full-time  
 part-time basis involving ..... hours/week.

The area of work lies in the field of the following faculty / institution / institute:

.....

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*(Place, date)*

*(Signature and stamp  
Personnel and Organisation Department)*

**Please submit the German version of this certificate of employment to the University of Hohenheim (see page 5).**

## Arbeitsbescheinigung

Herr / Frau ..... ist an der Universität Hohenheim

als Gastwissenschaftler/-in

- Ja  
 Nein

im

- wissenschaftlichen  
 nichtwissenschaftlichen Dienst beschäftigt.

Es handelt sich um ein

- unbefristetes  
 bis zum ..... befristetes Arbeitsverhältnis

in

- Vollzeit  
 Teilzeit im Umfang von ..... Std./Woche

Das Tätigkeitsgebiet liegt im Bereich folgender Fakultät / Einrichtung / folgenden Instituts:

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**(Ort, Datum)**

**(Unterschrift und Stempel  
Abteilung Personal und Organisation, Universität Hohenheim)**