Notification of pregnancy / childbirth / taking a child into care *

in accordance with Rector's Directive No. 36/2018

University	Charles University
Faculty	Second Faculty of Medicine

Title, first name and last name	
Person number	

I, signed below, hereby notify you in accordance with clause 21 par. 1 letter f) of act No. 111/1998 coll. on universities and the change and amendment of other acts the following:

- ◯ pregnancy – expected delivery date ……..
- ◯ childbirth on …….....
- ◯ taking a child into care dated ……..

I support my notification with the following evidence:

- ◯ Pregnancy and expected delivery date – a copy of the pregnancy card (*the birth certificate of the child must be delivered to the Department for PhD Study of the faculty within 22 weeks since childbirth*)
- ◯ Childbirth – a birth certificate copy
- ◯ I am providing a copy of the decision of taking a child into care as evidence of taking a child into care.

In …… date …..……. Signature .....

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* Please choose the relevant option by crossing out the non.applicable. Your parenthood period will be accepted based on your notification, starting from the 8th week prior to delivery for mothers/on the day of delivery for fathers/on the day when the decision of taking a child into care becomes legally effective and ending when the child reaches three years of age.