|  |  |  |
| --- | --- | --- |
| Parent declaration |  |   |
|  |

****

*This form supports a request for extension for parental care. The extension clause only applies for children who are part of the applicant’s household, or in other words live at least 50% of the time at the same address as the applicant.*

|  |
| --- |
| Name applicant:  |
| Date of PhD:  |
| Relation to the child(ren): | [ ]  Biological mother[ ]  Other parents (fathers and non-biological mothers) |

Date:

Signature:

This form must be signed and sent by email to talentcall@medicaldelta.nl

|  |  |  |
| --- | --- | --- |
|  | Name child | Date of birth |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |