

Request of financial support for the placement in childcare facilities of children.

Equal Opportunities Service

Personal data of the applicant (USI employees or students)

☐ Father

☐ Mother

Name and surname:

Address:

ZIP code, City:

Phone office/private:

E-mail:

Professional role:

Degree of employment %:

Faculty or Service:

Study course:
(Only for students)

Registration year at USI:
(only for students)

Planned end of studies:
(only for students)

Do you have parental authority on your own? ☐ Yes ☐ No

In the child/ren's family unit, who is the beneficiary of the Riduzione dei premi dell'assicurazione malattia (RIPAM)?

☐ Father

☐ Mother

☐ brothers/sisters

☐ Other

Starting date of RIPAM (month / year):

Indicate the expiry date of the latest RIPAM decision:
(indicate month and year)

Personal data of the child/ren's co-responsible person (may also not be studying or working at USI)

☐ Father

☐ Mother

Name and surname:

Address:

ZIP code, City:

Phone office/private:

E-mail:

Profession:

Degree of employment %:

Faculty or Service:

Personal data of the child/children for whom childcare support is requested

Child 1

Name and surname:

Date of birth:

Needs placement in: ☐ Nursery ☐ Daytime family

Starting from (month / year):

Until (month / year):

Name of the chosen nursery or Daytime family:

% of attendance and number of hours per week:

Monthly fee (excluding meals and without deduction of Cantonal supports):

Monthly meal costs (approximately):

Monthly amount of Aiuto soggettivo for RIPAM beneficiaries for the custody of the child during work or study:

Fees for parents excluded meals and cantonal supports:

Child 2

Name and surname:

Date of birth:

Needs placement in: ☐ Nursery ☐ Daytime family

Starting from (month / year):

Until (month / year):

Name of the chosen nursery or Daytime family:

% of attendance and number of hours per week:

Monthly fee (excluding meals and without deduction of Cantonal supports):

Monthly meal costs (approximately):

Monthly amount of Aiuto soggettivo for RIPAM beneficiaries for the custody of the child during work or study:

Fees for parents excluded meals and cantonal supports:

Bambino 3

Name and surname:

Date of birth:

Needs placement in: ☐ Nursery ☐ Daytime family

Starting from (month / year):

Until (month / year):

Name of the chosen nursery or Daytime family:

% of attendance and number of hours per week:

Monthly fee (excluding meals and without deduction of Cantonal supports):

Monthly meal costs (approximately):

Monthly amount of Aiuto soggettivo for RIPAM beneficiaries for the custody of the child during work or study:

Fees for parents excluded meals and cantonal supports:

Additional comments :

Attachments:

- Employment certificate or certificate of attendance of the parent/s who is/are member(s) of USI community
- Contract certifying the child/ren's placement in the childcare facility.
- The latest document certifying the recognition of RIPAM support.
- The latest monthly invoice from the childcare facility for the placement of the child/ren.

Submission of the form

The form, correctly completed, must be sent in electronic format to **equality@usi.ch** or, in paper format, to

Equal Opportunities Service
Università della Svizzera italiana
Via Buffi 10
6900 Lugano
Office 202

Confirmation of data

I confirm that the indications given are complete and true.

By signing this form, I declare that I have read the Rules relating to financial support for the placement in childcare facilities of children of employees and students of the Università della Svizzera italiana.

Date and place

Signature of the applicant parent