**Application Form for the**

**“Support for the employment of technical/administrative assistants**

**over life events”**

**in the First Half of FY2022**

Date(y/m/d)：

To the Promotion office of Research environment for Diversity

|  |  |  |
| --- | --- | --- |
| **Applicant Name**： | | |
| Affiliation： | | Position： |
| Contact information | Extension： | |
| E-mail： | |

**Applicant has completed the online interview required prior to the application: Yes / No**

**Confirmation mark by the head of your laboratory**

Affiliation：

Position：

Name：

(signature)

※If the applicant is an assistant professor, lecturer, or associate professor (including specially appointed professors) who is not the representative of the laboratory, the confirmation of the head of the laboratory to which they belong is required.

※Please note that not all applicants will be able to receive the support they request.

**１．Desired support and situation details**

Fill in the required information in (A)～(D) of the support you wish to receive. For the common items, fill in the ones that apply.

**（A）Support for maternity and parental leaves**

|  |  |  |
| --- | --- | --- |
| maternity leave | Expected date of birth | Date(y/m/d): |
| childcare leave | Scheduled period | Date(y/m/d):  　　　　　　　　　～ |

**（B）Support for Maternal Protection**

Please check the appropriate box for each of the required medical examinations.

|  |  |
| --- | --- |
| Expected date of birth | Date(y/m/d): |
| * “an organic solvent medical examination” * “a specific chemical medical examination” * “an ionizing radiation medical examination” | |

**（C）Support during nursing care**

Number of family members you mainly care for, who need long-term care or is ill, and their relationship to the applicant.

|  |  |
| --- | --- |
| number of people |  |
| relationship |  |

**（D）Support during parenting**

Please list the date of birth of all children under the first grade of elementary school. No name is required.

|  |  |  |
| --- | --- | --- |
| The date of birth of first child | Date(y/m/d): | Years: |
|  | Date(y/m/d): | Years: |
|  | Date(y/m/d): | Years: |

**（A・B・D 　Common）Partner Status**

|  |  |
| --- | --- |
| Living with spouse / partner | Yes / No |
| Only you and your partner are responsible for childcare | Name of Workplace of your partner |

**（A・B・C・D** **Common）**

|  |
| --- |
| Describe the details of your situation and the reason why you need support |
| Estimated amount of your own research time to be generated by the assistance. |

**２．Employment plan for assistant personnel**

Check your preference

□ Financial support of employing technical assistant

□ Dispatch of assistant (require filling out only part 2-1 ~ 2-3)

**2－1. Expected period you need assistant by this support.**

**2－2．Work contents of assistant**

Please fill in the details of the work, the role/significance of the in your research activity, etc.

Example) Experimental assistance (the required skills are also described) Experimental preparation, Animal management, Animal experiment assistance, Data input / organization Data analysis / analysis assistance, Information search and collection.

**2－3. Assumed working hours**

Please fill in your planned employment schedule, such as every Monday from 〇 to 〇.

**2－4．Financial resources for hiring assistants other than this support**

　Yes / No

name of financial resource; if available:：

**2－5．Employment type of assistant**※Please circle the applicable option.

　・Technical assistant　 ・Short-term support assistant　 ・Other（　　　　　　）

**３．Desired amount of support**

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※If you wish to dispatch of administrative assistant, you do not need to enter the amount.