**Application Form for the**

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

**over life events”**

**in the First Half of FY2023**

Date(y/m/d)：

To the Office of Diversity, Equity, and Inclusion

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

**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)～(C) of the support you wish to receive.

**（A-1.2）Support for maternity and parental leaves**

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

**（A-3）Support during nursing care**

|  |  |  |
| --- | --- | --- |
| nursing care leave | Scheduled period | Date(y/m/d):　　　　　　　　　～ |
| relationship |  |

**（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-1）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:　　　 |

**（C-2）Support during nursing care**

Please describe the family member who need long-term care by the applicant.

|  |  |
| --- | --- |
| relationship |  |

**（C-3）Other support**

Please describe other specific situation that you think you need assistance.

|  |
| --- |
|  |

**（A・B・C 　Common）Partner Status**

If you and your partner are the only ones who routinely take care of children and your partner has a full-time job.

|  |  |
| --- | --- |
| No partner | □（Check） |
| Living with spouse / partner | Yes / No |
| Only you and your partner are responsible for childcare | Name of Workplace of your partner  |
| Partner works fulltime | □（Check） |

**（A・B・C** **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**

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

Date(y/m/d):

 ～

**2－2. Assumed working hours**

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

**2－3．Work contents of assistant**

Please fill in the details of the work, the role/significance 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.

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

　Yes / No

name of financial resource; if available:：

You may be asked to confirm with your departmental administrative office. Please list all the resources 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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