**Attachment 2**

**Applicant Details relating to Eligibility Evaluation(Research Support Staff)**

 **2025 Academic Year**

Date (dd-mm-yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

　　Fill in the relevant sections with information pertinent to the period when you plan to use the support program. Expand or add cells where needed.

**1. Applicant’s family situation, need for care leave/reduced working hours**

|  |  |  |
| --- | --- | --- |
| Your health status | □ Healthy | □ Other (specify: ) |
| Marital status | □ Married | □ Single |
| Details on Partner | Place of employment/enrollment: Tel： |
| **Please indicate either of living with your spouse or living separately.**  |
| □Resides together | □Lives separately  (incl. posting away from home) |
| □ Partial cohabitation　(’Average days living together per week') | □ Other (specify: ) |
| □ Healthy | □ Other (specify: ) |
| Is there someone else who can assist with child/family care?(including persons not residing with you) | □ Yes(Relationship:　　　　　　　　　　) | □ No |
| Do you plan to apply for a leave of absence for child/family care? | Yes　　/　　No |
| (If yes, from when to when?)From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ (dd-mm-yy) |
| Do you plan to apply for reduced working hours? | Yes　　/　　No |
| (If yes, from when to when?)From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ (dd-mm-yy) |

**2．Reasons for requesting research support for childcare and/or dependent in need of care (mandatory)**

**(1)** **Applicant's circumstances regarding children and dependent in need of care**

**① Information about the child or children**

\* Please include children who are not eligible for this support program.

**Please complete the following information.**

All fields must be filled out, though support is limited to elementary school students up to 4th grade. (\*The Childcare Assistance Program is available up to 6th grade.)

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name | Relationship to applicant | Date of birth | Other details |
|  |  |  | School： |
| Health： |
| □Resides together with applicant　　□Resides separately from applicant |
|  |  |  | School： |
| Health： |
| □Resides together with applicant□Resides separately from applicant |

\* Add more rows if needed. Also, if there is anything else about the child that deserves special mention, state it here or at the end of this form.

**②Information about the dependent in need of care**

List the details of the parent(s) and/or other family members who will be cared for.

|  |  |  |  |
| --- | --- | --- | --- |
| Dependent in need of care' | Relationship to applicant | Care need | Other details |
|  |  | □ Requires full care□ Requires assistance | □ Resides with applicant | □ Lives  elsewhere |
| Health: |
| □Resides together with applicant　　□Resides separately from applicant |
|  |  | □ Requires full care□ Requires assistance | □ Resides with applicant | □ Lives  elsewhere |
| Health: |
| □Resides together with applicant　　□Resides separately from applicant |

**\*** If there is anything else about the care recipient that deserves special mention, state it here or at the end of this form.

**(2) Circumstances and reason for applying for support**

**① Division of responsibility in child and dependent care**

|  |  |  |
| --- | --- | --- |
|  | Division of responsibility | If the partner's division of responsibility is less than the applicant's, please provide the reason |
| Applicant |  |  |
| Partner |  |
| Parents, relatives, or other helpers |  |
| Use of facilities and support from public services |  |
| Total Percentage | 100% |

**② Research and Teaching Activities of the Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of students currently supervised |  | Average number of committee and other meetings attending per week |  |
| Number of courses currently teaching |  | Number of papers published last year |  |
| Other responsibilities |

**3. Applicant’s competitive research funding status (mandatory)**

|  |  |
| --- | --- |
| Have you been granted or have you applied for external funding? | ☐Yes　　　　　 ☐No |
| Name of grant | Your role: | The amount of budget allocation of this AY |
| 1 |  | ☐Principal investigator ☐Co-investigator (*kenkyu-buntansha*)☐Co-investigator (*renkei-kenkyusha*) | yen |
| ☐ Ongoing☐ Application pending |
| 2 |  | ☐Principal investigator ☐Co-investigator (*kenkyu-buntansha*)☐Co-investigator (*renkei-kenkyusha*) | yen |
| ☐ Ongoing☐ Application pending |

\* Under “Name of grant,” insert, for example, “Grant-in-aid for young scientists” “Grant-in-Aid for JSPS Fellows” or “privately funded research.”

**4. Other information you feel requires special mention (optional)**

|  |
| --- |
|  |

Instructions

1. “Is there someone else who can assist with child/family care?”

If you plan to enlist the assistance of someone else, please indicate so, even if that person does not reside with you.

2. Details of child or care recipient

Be sure to indicate the health status of the child/care recipient and any other matters deserving mention, if any.

3. Names of grants
Indicate “KAKENHI Grant-in-aid for young scientists ” “privately funded research,” etc.

4. Miscellaneous

Enlarge the answer boxes if more space is needed.