**Attachment 7**

**Applicant Details relating to Eligibility Evaluation: 2023 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 |
| Spouse details  (if married) | Place of employment/enrollment:  Tel： | |
| **Please indicate either of living with your spouse or living separately.** | |
| □ Resides with you | □ Lives elsewhere  (incl. posting away from home) |
| □ 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) | |

**(1) If applying to balance your research with childcare**

**① Child details**\* Please include children who are not eligible for this support program.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name | Relationship to applicant | Date of birth | Other details |
|  |  |  | School： |
| Health： |
|  |  |  | School： |
| Health： |

\* 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.

**② Child’s grandparents**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Resides  with child? | Address |  | | Resides  with child? | Address |
| Paternal | Grand  father | Yes  No |  | Maternal | Grand  father | Yes  No |  |
| Grand  mother | Yes  No |  | Grand  mother | Yes  No |  |

**(2) If applying to balance your research with family care**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Care recipient | Relationship to applicant | Care need | Other details | |
|  |  | □ Requires full care  □ Requires assistance | □ Resides with  applicant | □ Lives   elsewhere |
| Health: | |
|  |  | □ Requires full care  □ Requires assistance | □ Resides with  applicant | □ Lives   elsewhere |
| Health: | |

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

**2. Competitive funding status (Required only for faculty)**

**(1) External funding granted, applied for**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 (A)” or “privately funded research.”

**(2) Internal funding granted, applied for**

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

**3. 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 (A),” “privately funded research,” etc.

4. Miscellaneous

Enlarge the answer boxes if more space is needed.