**Attachment 10**

**Applicant Details relating to Eligibility Evaluation(The Childcare Assistance Program)**

 **2024 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**

Complete both sections below. The supports are targeted at elementary school children up to grade 6, but list all children in the family.

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Resideswith child? | Address |  | Resideswith child? | Address |
| Paternal | Grandfather | YesNo |  | Maternal | Grandfather | YesNo |  |
| Grandmother | YesNo |  | Grandmother | YesNo |  |

**2. 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. Miscellaneous

Enlarge the answer boxes if more space is needed.