**Attachment 1**

**Application for Research Support Staff（1-1・1-2）: 2024 Academic Year**

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

Director, Diversity, Equity, and Inclusion Center

　　　I wish to apply, as follows, for research support staff.

|  |  |  |
| --- | --- | --- |
| Name of applicant |  | Seal or signature |
| Department |  | \*1 |
| Position |  |  |
| On-campus  contact details | Phone:  E-mail: | |
| Reason for applying | 【1-1】Childcare, etc. / 【1-2】Making contribution to society, etc. | |
| Period you require research support staff | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd-mm-yy) | |
| Planned job of  support personnel | Clerical assistant / Technical assistant / RA / AA / TF | |
| Have you used the support staff program before? | (Write the year(s) in which you used the program) | |
| Approval of department head and recommendation ranking | Name of department:  Department head: | \*2  Seal |
| Ranking within department: \_\_\_\_ | |

\*1: If conducting research in more than one department, indicate other departments in parentheses.

\*2: Obtain approval from the head of your principal department.

**1. Reasons for using the Support Staff Program (must be completed)**

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| \* After describing your current situation, detail in specific terms why you need to make use of the Support Staff Program (for example, explain what makes it difficult for you to continue doing research and explain the need for continued use of research support personnel for tasks that cannot be addressed by having other academics or students in your research facility provide temporary assistance). |

**2. Activities to be performed by support staff, working hours, etc. (must be completed)**

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| \* If you are awarded a grant, indicate in point form the nature of the work to be performed by the support staff (as is relevant to the stated job) and the estimated number of hours to be spent on each task.  (Example) \* Delete blue text  1. Assistance with experiments related to research on xxxx (xx hours/week)  2. Assistance with analyzing xxx data (xx hours/week)  3. Assistance with analyzing xxx specimens (xx hours/week)  4. Clerical assistance (xx hours/week), etc.  Total: xx hours/week |

**3. Future plans after making use of the Support Staff Program (optional)**

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| \* Taking into consideration your future outlook and prospects of applying for external funding, describe your hopes or plans for achieving self-reliance after using the Support Staff Program. |

**4. Other (optional)**

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| \* Please enter any other information that you feel requires special mention. |

\* You may increase the size of the cell if necessary.