Application No.

Application for Research Support Grant by the Gender Equality Office FY2019

　　DD/MM/YYYY

To: Executive Director of the Gender Equality Office

I am applying for the research support grant as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Applicant |  | | Ext. |  |
| Faculty |  | | Occupation Title |  |
| Reason for Using the Research Support System | Reason for Application  (Circle 1, 2, or 3 as applicable) | 1. Pregnant (Please enter your due date)  Due date　　DD/MM/YYY  2. Parenting (Please enter the age of your child(ren) as of April 2, 2019)  First (　　 ), Second (　　 ), Third ( )  3. Caregiving (Please enter the relationship with the person who needs care)  　　　Relationship:  　(the applicable certification of needed care)  　　(1) With certificate (Long-term care / Support need)  Requiring support 1, Requiring support 2  Long-term care 1, Long-term care 2, Long-term care 3, Long-term care 4, Long-term care 5,  (2) Without certificate | | |
| Reason for Requiring the Support | (Please enter the current status of your research and reason for requiring research support, etc.) | | |
| Work Plan | Candidate | Name  Faculty / Student No.  Circle one (Research assistant, administrative assistant) | | |
| Work Description  (in detail) |  | | |
| Research Support Period  　　　From DD/MM/YYYY to DD/MM/YYYY  hours per week Total hours | | |

\* The items entered in this application form will not be used for any purpose other than application review.