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:

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| --- | --- | --- | --- |
| 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/YYY2. 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 2Long-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.