受付番号

Academic Year 2025

Application for Use of Research Assistant and Technical Assistant Program

Under the MEXT’s "Initiative for Realizing Diversity in the Research Environment (Female Leader Development Type)"

Date: Month Day, 2025

To the Director of the Center for Gender Diversity

I hereby apply for the “Research Assistant Program”.

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| --- | --- | --- | --- | --- |
| 【Applicant’s Declaration】  ※ Please check the boxes after confirming all items.  If selected for this program, I agree to the following;  □ I will submit reports after completion of the support period.  □ I will submit information regarding their research achievements (e.g., a number of papers accepted, a number of external funding, etc.), at a later date, to be used in preparation of reports to be submitted to the Ministry of Education, Culture, Sports, Science and Technology.  □ I will make sure that tasks of a Research Assistant/Technical Assistant don’t affect their academic performance.  □ I will actively participate in training, symposiums, etc. organized by the Gender Diversity Center. | | | | |
| Name |  | | | |
| Affiliated School/Department |  | | Position |  |
| Contact Information | Phone:  Email: | | | |
| Administrative Staff at the Department | Department/Title: | | | |
| Name: | | | |
| Email: | | | |
| Reasons for Apply | Reason for the Need for Support | Please circle either 1 or 2 and fill in the required information.  1．Maternity　・　Childcare  For childcare, please indicate the ages of the children (as of April 1, 2025).  ( years old) ( years old) ( years old)  2．Family care  Please indicate the relationship of the family care recipient to the applicant. (e.g., mother)  ( 　　　　　　　　　　　　　　　　　　　　　　　　)  Please describe the state of care/support required for the family care recipient. (e.g., family care level 1)  ( 　　　　　　　　　　　　　　　　　　　　　　　　)  Please circle your current family care situation.  Home care ・ Facility care ・ Other  If "Other," please describe the situation in detail. ( 　　　　　　　　　　　　　　　　　　　　　　　) | | |
| Information about Your Spouse | Note: If your spouse is a family care recipient, you do not need to fill out this column.  Please circle either 1, 2, or 3 and fill in the required information.  1. Currently employed  (Place of work:　　　　　　　　　　　 　　　　　　　　)  (Working days and hours per week: 　　　　　　　　)  2. Under medical treatment  (Name of illness, symptoms, etc.: 　　　　　　　　　 )  3. Other (If you do not have a spouse, please fill in here.) ( 　　　　　　　　　　　　　　　　　　　　　　　　) | | |
| Please describe why you need this grant in detail. |  | | |
| 3 Major Research Results |  | | | |
| Research Theme for Using Research Assistant or Technical Assistant |  | | | |
| Research Plan |  | | | |
| Plan for Research Assistantship | R.A.・T.A.\* Candidate | Name:  Furigana:  Sex:  Affiliated School/Dept. Year  （as of October 1, 2025） | | |
| Job Description |  | | |
| Please describe how this research assistantship will help student’s research & career. |  | | |
| **<For R.A. or T.A.\* Candidate>**  Please describe how this research assistantship will help your research & career. |  | | | |

\*Technical Assistant

I hereby certify that all of the above application information is true and correct.

Date: Month / Day / Year

Signature (in own handwriting):

(Note: This document can be submitted in PDF format via email.)