Attachment 1

Babysitter Fees Subsidy Application Form

Fiscal Year \_\_\_\_

Date:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Equality Committee in Engineering

By completing and submitting this form I am applying for the babysitter fees subsidy to support my research activities.

|  |  |  |
| --- | --- | --- |
| Applicant name |  | |
| Department/Position\* |  |  |
| Contact within university | TEL:  FAX:  E-mail: | |
| Babysitter usage dates | From / / to / / | |
| Cost | JPY | |
| University-wide subsidy application submission | Applied / Did not apply (Reason: ) | |
| University-wide subsidy application status | Received this fiscal year ( JPY) / Denied  Indicate below if you received the subsidy in past fiscal years.  ) | |

\* If another position is held concurrently, please include it in parentheses.

For the cost, please write the total cost of babysitter fees incurred during the usage dates.

1. Babysitter Usage Reason

|  |
| --- |
| Please explain concretely how the applicant’s childcare situation necessitates the use of a babysitter and  the costs of the service. |

2. Other Information

|  |
| --- |
| Please add any additional relevant information, such as the following if they are applicable: you plan to apply for childcare leave, you are already using a babysitter, you have not applied for the university-wide babysitter fees subsidy, or you have received the university-wide subsidy but also wish to apply for the subsidy for engineering researchers. |

Attachment 2

Reference Materials

Date:\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Department/  Position |  | Applicant name |  |

1: Applicant’s Household Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relation | Date of Birth\*  (only for children) | Age | Sex | Workplace, school, medical condition, etc. |
|  |  |  |  |  | TEL: |
|  |  |  |  |  | TEL: |
|  |  |  |  |  | TEL: |
|  |  |  |  |  | TEL: |
|  |  |  |  |  | TEL: |

\*Please write date as year/month/day

2: Grandparents of Applicant’s Child

Mother’s side

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Residing with applicant | Address  (only up to the municipality) |
| Father’s side | Grandfather | Together  Separate |  |
| Grandmother | Together  Separate |  |
|  | Grandfather | Together  Separate |  |
| Grandmother | Together  Separate |  |

Please circle either ‘Together’ or ‘Separate’ to indicate whether the grandparent is residing with the applicant.3: Supporting Caregiver of Applicant’s Child

|  |  |  |
| --- | --- | --- |
| Caregiver’s name | Relation to child | Address (only up to the municipality) |
|  |  |  |

4: Applicant’s Child

|  |  |
| --- | --- |
| Child’s health condition | Special considerations (such as past illnesses) |
| Very Good / Normal / Not Good |  |
| Very Good / Normal / Not Good |  |

Please circle the appropriate option.  
  
  
(Notes for filling out this form)

1. Applicant’s Household Members section

Please write all members of the applicant’s household, including the applicant. For the ‘Workplace, school, medical institutions, etc.’ column, write the family member’s place of employment (name of the workplace, workplace’s phone number), school attended if a student (school name), or medical condition (disease name, treatment period, etc.)

1. Supporting Caregiver of Applicant’s Child section

If you have or are planning to have someone support your childcare, include their information

1. Applicant’s Child section

Indicate the child’s health condition and take care to include any special considerations.

1. Other information

Please add more rows to any section if necessary.

Attachment 3

Notification of Babysitter Fees

Fiscal Year \_\_\_\_, Period \_\_

Date:\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Department/  Position |  | Applicant name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No．※ | Babysitting date | Reason for use | Facility used | Cost |
| E.g. | September 12  9:00-18:00 | To attend a conference (Zundanu2014) | Aoba Memorial Hall nursery room | 10,800 JPY |
| 1 |  |  |  | JPY |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| Total Cost | | | | JPY |

Submit this form alongside the corresponding original copy receipts which should include an itemized list of costs (babysitting rates, transportation cost, etc.) and the No. written on them. These documents and the Invoice for Babysitting Fees (attachment 4) must be submitted to the School of Engineering General Affairs Division (university internal postal system青A-13) by the deadline (1st period application: October 31 / 2nd period application: March 19).

\*Please add more rows if necessary.

Attachment 4

Invoice for Babysitter Fees

Fiscal Year \_\_\_\_, Period \_\_

Date: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

To National University Corporation Tohoku University

Department

Position

Name:

The total amount billed to the university is as follows:

Total JPY

\*Please write the same total submitted in the Notification of Babysitter Fees.

Attachment 5

Report on the Support Program of Child Care Expenses for Researchers in Engineering for Fiscal Year \_\_\_\_

Date:\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Position |  | Name |  |

1. Under what circumstances did you require the services of a babysitter?

|  |
| --- |
|  |

1. What benefits or research results resulted because you could make use of a babysitter?

|  |
| --- |
|  |

1. Please share your impressions or opinions about this program, other support services you wish to see, and/or a message for future participants.

|  |
| --- |
|  |

Thank you.

Attachment 6

Notification of change in eligibility for the Support Program of Child Care Expenses for Researchers in Engineering  
Fiscal Year \_\_\_\_

Date:\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Equality Committee in Engineering,

I am submitting this form to notify a change in eligibility of the babysitter fees subsidy that I was selected to receive on / / , as listed below.

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Department/Position\* |  |  |
| Contact within university | TEL:  FAX:  E-mail: | |
| Details of change in eligibility† |  | |
| Date of change in eligibility |  | |
| Remarks |  | |

\* If another position is held concurrently, include it in parentheses.

† Please explain in detail the change in eligibility, such as a change in the household situation.