

Application for Using Financial Support Program for Day-care Service for Convalescent Infants

Date: MM/DD/YYYY

To Executive Director (Financial and General Affairs), Hiroshima University

In accordance with the 5th provision of the Hiroshima University Implementation Guideline for Financial Support Program for Day-care Service for Convalescent Infants, I am applying for financial support program as follows:

Year of Application	Academic Year: 2019		
Name of Applicant			Individual Number
Affiliation			Job Title
E-mail			
<p>If you are faculty member, please enter the name of your department and the name of your course.</p>		<p>For Part-time employees (including "Clinical staff"), please write the working date and time. ※ The support is only for the use on your work day at our university.</p>	
1	Name of Infant		
	Date of Birth (MM/DD/YYYY)	Age	years old
	Name of Nursery		
2	Name of Infant		
	Date of Birth (MM/DD/YYYY)	Age	years old
	Name of Nursery		
<p>If the infant(s) does/do not attend a day care facility, please enter the reason why he/she/they cannot be cared for at home in the space provided below.</p>		Age	years old
Reason why the infant(s) cannot be cared for at home * Please check (✓) an applicable box and provide required information.			
Both his/her/their parents work.	Place of work of the applicant's spouse: Work Arrangements: XX days a week, XX hours a day		
It is necessary to care for another family member.	Name of the person requiring nursing care: Relationship to the applicant:		
Others	Please specify why the infant(s) cannot be cared for at home.		

- **If you use your original family name, please apply by using it.**
- If you handwrite this form, please print clearly.
- Please leave the space with an asterisk ("*") blank.
- Personal information given above will be used only for implementing the Financial Support Program for Day-care Service for Convalescent Infants and will not be used for any other purposes.