僑 務 委 員 會



OCAC, R.O.C. (Taiwan)

**2017年海外華裔青年語文研習班報名表**

**Application Form for Language Study Program for Compatriot Youth**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🖎 填寫報名表前，務請先詳閱招生簡章各項說明與規定。  (Please read admission guidelines carefully before filling out the application form.) | | | | | | | | | | | | | | | | | | | | | | | 相 片  （2張）  Attach 2  Recent 1-inch  Photos Here | | |
| 姓  名 | 中 文 | |  | | | | | | | | | | | | | | | | | | |  |
| NAME IN CHINESE | |
| 英 文 | |  | | | | | | | | | | | | | | | | | | |  |
| NAME IN ENGLISH | |  | First | | | （ Capital Letters ） | | | | | | | | | Last | | | | |  |
| 出 生 地 | |  | | | 出生日期 | |  |  | | | | | | | |  | 性 別 | □男 | | | □女 |  |
| BIRTH PLACE | | DATE OF BIRTH | |  | Month day year | | | | | | | |  | SEX | Male | | | Female |
| 國 籍 | |  | | | 住 址 | | （ Capital Letters ） | | | | | | | | | | | | | | | | | | |
| NATIONALITY | | HOME ADDRESS | |
| 電 話TEL | | E-mail： | | | | 傳真FAX | | |  | | | | | | EEE-mail | | | |  | | | | | | |
| 是否學習華語 □是 年 □否 | | | | | | | | | 華語程度 □零程度 □初級 □中級 □高級 | | | | | | | | | | | | | | | | |
| 護 照 | | 發照地點 | | |  | | 號 碼 | | | | | | |  | | | | | | 失效日期 | | | | |  |
| PASSPORT | | PLACE OF ISSUE | | | NUMBER | | | | | | | EXPIRATION DATE | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 父母資料 PARENTS （Give complete addresses only if different from home address above） | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 父 親 FATHER （In Chinese） | | | | | | | | | | 母 親 MOTHER （In Chinese） | | | | | | | | | | | | | |
| 姓 名NAME | |  | | | | | | | | | |  | | | | | | | | | | | | | |
| 服務機構  OFFICE COMPANY | |  | | | | | | | | | |  | | | | | | | | | | | | | |
| 參加僑團或華社  O. C. SOCIETY | |  | | | | | 電話TEL | | | | |  | | | | | | | | 傳真FAX | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 在台親友緊急聯絡人（20歲以上） RELATIVE OR FRIEND FOR EMERGENCY CONTACT IN TAIWAN(Above age 20 ) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 電話TEL | | | | | | （ ） | | | | | | | 與本人關係 | | | | |  |
| NAME IN CHINESE | | 傳真FAX | | | | | | （ ） | | | | | | | RELATION | | | | |
| 服務機構 | |  | | | | | | | | | | | | | | | | | | 職 稱 | | | | |  |
| OFFICE | | POSITION | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請上課班期（常態班） WHICH PERIOD ARE YOU APPLYING FOR？ | | | | | | | | | | | | | | | | | | | | | | | | | |
| □第一期 １st Term（1/4-2/14） | | | | | | | □ 第二期 ２nd Term（7/3-8/13） | | | | | | | | | | | | | | | | | | |
| □第三期（暑期青少年班） ３rd Term（Teenager’s Summer Term）（7/4-8/14） | | | | | | | | | | | | | | | | | | | | | | | | | |
| □第四期（**6**週班）４th Term**（12/11-2018/1/21）** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請上課班期（客製化班） WHICH PERIOD ARE YOU APPLYING FOR？ | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ 泰國班Thailand（3/26-5/6） | | | | | | | | | | | □ 菲律賓班Philippines（4/20-5/31） | | | | | | | | | | | | | | |
| □ 印尼班Indonesia（6/19-7/16） | | | | | | | | | | □ 日本及歐洲地區班Japan and Europe（7/17-8/13） | | | | | | | | | | | | | | | |
| □ 新加坡班Singapore（11/13-12/3） | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ®是否患有下列疾病？Do you have any of these diseases？ □否NO  □痼疾CHRONIC DISEASE, ex： □精神心理疾病PSYCHOGENIC ILLNESS  □癲癇EPILEPSY □心臟腦血管病變CARDIO-VASCULAR DISEASE | | | | | | | | | | | | | | | | | | | | | | | | | |
| 如患有上列疾病或其他重大身體不適症狀（如糖尿病、傳染病或懷孕等）足以影響活動之進行，請勿申請入學。否則如因此發生事故，應自行負責，並負擔醫療及返回僑居地等相關費用。  Please do not apply for admission, if you have any of the above-mentioned diseases or any symptoms such as diabetes、 epidemics or pregnancy which may affect the participation of the activity. If any of the above mentioned medical conditions is discovered after arriving in Taiwan, the student must pay his/her own medical and return expenses. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請注意本頁每欄務必須填寫，否則申請表件不予受理。Please note that all information must be completed; otherwise your application won’t be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | |

就 學 同 意 書

ENROLLMENT AGREEMENT

本人願遵守「僑務委員會華裔青年語文研習班」有關生活輔導規定(詳如生活輔導辦法及扣分標準表)，若有違反，願接受處罰，且如已達離開本研習班之規定，願自動放棄研習之資格，立即遷出。 此致

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As a student of the program, I am willing to observe and abide by all the regulations of the OCAC Language Study Program for Compatriot Youth. I understand that if I violate these regulations (see demerit regulations), I will accept the corresponding demerit. Once I have reached the demerit limits, I will unconditionally forfeit the right to study at the language center and will depart immediately upon request submitted by the OCAC, R.O.C (Taiwan)

學 員 簽 名 家 長 簽 名 日期

Student’s Signature: Parent’s (Guardian’s) Signature: Date: 　　 ／　　 ／

電話 　　　　　　　 電傳　　　　　　　　 住 　 址

Phone: Fax: 　　Home address:

注意事項 Notices：

一、學員必須持入學許可書，以憑辦理報到。

Students are allowed to register only with the Certificate of Admission.

二、就讀同意書須有學員及家長之簽名始得認可，否則將無法辦理入學手續。

Students without cosigned Agreement by the parent will not be allowed to enroll.

三、茲為提高研習品質及維護學員安全特訂定生活輔導辦法(標準表如下)，以加強團體生活輔導管理，請參加學員確實遵守。

In order to promote learning quality and to maintain students’ safety, the OCAC will administer the following group regulations.

|  |  |  |  |
| --- | --- | --- | --- |
| Behavior 事 由 | | Frequency or  Time Period  次數或時數 | Punishment or  Point deduction  處罰或扣分 |
| Theft (You will be reported to the police)(偷竊物品，移送法辦)  Sleeping in the room of the opposite sex overnight.（在異性房間睡覺）  Severe fights will be reported to the police，and the payment for the full medical services must be made.  （嚴重鬥毆送警法辦外，並須負賠償責任）  Drug taking will be reported to the police.(吸毒者送警法辦) | | Once  一次 | Dismiss  退學 |
| Being late for bed-check.（晚點名遲到） | | One Hour  一小時 | 0.25 |
| Sick leaves. (病假) | | 0.15 |
| Leaving on personal matters.（事假） | | 0.25 |
| Unexcused absence from class.（曠課） | | 1 |
| Being late for class.（上課遲到）  Leaving class before dismissal.（上課早退）  Playing with cell phones or iPads during class time（上課把玩手機或平板電腦）  Not wearing name tag at any given time.（未帶名牌） | | Once  一次 | 0.1 |
| If you didn’t fill out any permission form for leaves, it will result in a point deduction.  (未照規定填寫請假單) | | 0.5 |
| Smoking in non-smoking areas.（在非吸煙區內抽煙）  Being noisy after bed-check and failing to behave.（深夜吵鬧，不聽勸阻）  Leaving the center without permission after bed-check.（晚點名後不假外出）  Putting up people who are not presently students of this center in your room.（帶外人進入宿舍） | | 1 |
| Drinking, gambling, fighting with others during study period.（在研習期間喝酒、賭博和打架）  Damaging public properties. (You will have to compensate for the damaged or lost according to its price.)  （破壞公物，另須照價賠償）  Staying in the room of the opposite sex after bed-check. (晚點名後在異性房間逗留) | | 2 |
| Staying overnight without filling in the Overnight Absent Form. (不假外宿) | | 4 |
| Room-check  (房間檢查) | Clean (乾淨) | + 0.5 |
| Messy (髒亂) | - 0.5 |
| If you win any competition held by the office during this term, your discipline points may be added 0.5 point. (如果於本學期間參與各項由本單位舉行比賽活動得獎者，每一獎項可加0.5分) | | One  一個獎項 | + 0.5 |
| Loudly playing music anytime.（音響音量過大）  Playing with dangerous articles, i.e. air gun/ toy gun/ laser pen.  （使用具危險性器具，如：空氣槍/玩具槍/雷射光槍…..）  Alcoholic drinks. (含酒精飲料) | | Confiscate the equipment until the end of the term（沒收器材至離營時發還） | |
| 1. Each student starts with 15 discipline points.  生活輔導成績佔總研習總成績15%（即15分）  2. If you behave well and have no deduction during a whole week, your discipline points will be added 0.5 point.  如整週表現良好且未扣分者，當週生輔成績加0.5分。  3. If you need to ask for a leave, please report to the office staff or counsellors in advance. All leave-asking procedures should be submitted in three days including the day you ask for a leave or you will be considered as having a leave without permission.  如需請假請先告知各相關人員，所有請假手續需於請假當日起3日內辦理完成，否則皆以曠課論。  4. If your discipline points are lower than 10 points, you will not be able to receive a graduate certificate nor will you be allowed to go on the graduation trip, nor apply for continuing study in the program. Students with discipline points lower than 7 points will be forced to leave the program immediately without reimbursement of the registration fee.  研習期間生輔成績未達10分者，不得參加結業旅遊，不發結業證書亦不同意續讀。未達7分者必須離開本活動，所交費用不予退還。  5. If students are caught stealing, fighting or gambling (inside or outside of the center), the police may become involved at the discretion of the center.  在營內或營外發生偷竊、打架或賭博等不良行為，將視情況報請警察局處理。 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **我確定要學習華語並保證以上所填資料均屬實且將遵守本活動各項規定。** | | | |
| I certify that I am willing to study languages and culture at this program, and that all of the above are true to the best of | | | |
| **my knowledge and that I will abide by all the rules and regulations of the center.** | | | |
| **我願意遵守生活輔導規定，及接受僑委會授權各校訂定之生活輔導扣分標準。** | | | |
| **I agree to comply with the guidelines and accept the study demerit regulations authorized** | | | |
| **by the OCAC and set by the designated school.** | | | |
|  | | | |
|  | | | |
|  | | 以下請勿填寫（審核用）Please do not write below this line  （FOR OFFICIAL USE ONLY） | |
| ➀申請人簽名Applicant’s Signature |  | 審 查 單 位 | 初 審 |
|  | （政府駐外代表單位或華僑文教服務中心） |
| 審 查 意 見 | 1.申請人確實具備華裔身分？ □ 是 □ 否  2.送審證件及所填資料是否齊全、屬實？ □ 是 □否  3.曾否參加本項語文研習活動？□是 年 月，共 期 □否 |
|  |
| ➁家長簽名 Parent’s Signature |
|  | 業務請加蓋  受理單位章戳 或  審查人印章 | 印 鑑 |
|  |
| ➂推薦人簽名Reference’ Signature |
| 申請日期Date of application：  （D） /（M） /（Y）＿＿＿ | 審 查 日 期 | 年 月 日 |

僑 務 委 員 會



OCAC, R.O.C. (Taiwan)

海外華裔青年語文研習班健康證明檢查項目表

Items Required For Health Certificate

【本證明三個月內有效 Valid for Three Months】

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 中文姓名： |  | | （Name in Chinese） | | |  | 檢 查 日 期Date of Examination | | | | | | | | 相 片  Recent 1-inch  Photos Here |
| Name in English | | | | | | | 日(D) 月(M) 年(Y) | | | | | | | |
| 性別Sex：□男Male □女Female 護照號碼Passport No： | | | | | | | | | | | | | | |
| 出生年月日Date of Birth： / / | | | | | 國籍Nationality： | | | | | | | | | |
|  | | 身體檢查PHYSICAL EXAMINATION | | | | | | | | | |  | |  |
| A.身高Height： 公分cm F.體重Weight： 公斤Kg / Lb | | | | | | | | | | | | | | | |
| B.脈搏Pulse： 次 / 分time / min | | | | | | | | | | G.視力Vision：右Right 左Left | | | | | |
| C.血壓Blood pressure： / 毫米汞柱mm Hg | | | | | | | | | | H.疝氣Hernia □正常Normal □異常Abnormal | | | | | |
| D.心臟Heart： □正常Normal □異常Abnormal | | | | | | | | | | | | | | | |
| E.體肢運動Locomotors： □正常Normal □異常Abnormal | | | | | | | | | | | | | | | |
|  | | 檢驗室檢查LABORATORY EXAMINATIONS | | | | | | | | | | |  | | |
| ®未作本項目檢查者，將不予受理。【Application missing this information will not be accepted.】 | | | | | | | | | | | | | | | |
| A.胸部Ｘ光檢查肺結核Chest Ｘ-Ray for Tuberculosis： □正常Normal □異常Abnormal | | | | | | | | | | | | | | | |
| B.Ｂ型肝炎表面抗原檢查Hepatitis Ｂ Surface Antigen： □陽性Positive □陰性Negative | | | | | | | | | | | | | | | |
|  | | 病史MEDICAL HISTORY | | | | | | | | |  | | | | |
| 🎔您是否曾經感染下列疾病 Have you ever had the following diseases ？ | | | | | | | | | | | | | | | |
| A.心臟病Heart disease： | | | | □Yes □No | | | | E.癲癇Epilepsy： | | | | | | | □Yes □No |
| B.氣喘病Asthma： | | | | □Yes □No | | | | F.腎臟病Kidney disease： | | | | | | | □Yes □No |
| C.高血壓Hypertension： | | | | □Yes □No | | | | G.瘧疾Malaria： | | | | | | | □Yes □No |
| D.糖尿病Diabetes： | | | | □Yes □No | | | | | H.肝病Liver Disease： | | | | | | □Yes □No |
|  | | | | | | | |  | | | | | | | |
| 結論：根據以上對 先生 / 小姐之檢查結果，他 / 她 □是 □不是 合格的。 | | | | | | | | | | | | | | | |
| CONCLUSION：Above is the medical report of Mr. / Ms He / She □Is □Is not fit. | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| 醫院或（診所）名稱、地 址、電話 | | | | | | | | 負責醫師簽章 | | | | | | | |
| Hospital’s or Clinic’s Name、Address、Tel | | | | | | | | Physician： | | | | | | | |
|  | | | | | | | | 〔 Name & Signature 〕 | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| 醫院負責人簽章 | | | | | | | | 日期Date：日(D) 月(M) 年(Y) ＿ | | | | | | | |
| Superintendent： | | | | | | | |  | | | | | | | |
| 〔 Name & Signature 〕 | | | | | | | |