

喬務委員會 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 Expatriate 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.)							n.)	ln Ц		
姓中	文					****	app		<u>.,, </u>	相 片 (2張)
NAME I	N CHINESE	 								Attach 2
名 NAME I	文 N ENGLISH	-	Fir	ret	(Capital Letters)	_	La	ast	_	Recent 1-inch
出生地		1 ,	1	<u> </u>	Cupital Delicio ,		性別			Photos Here
BIRTH PLAC	Œ	ļ	DATE	OF BIRTH	Month day ye	ear	SEX	Male		
國 籍			住 址		(Capital Letters)				
NATIONALI				ADDRESS						
電 話 TE				其 FAX			E-mail	<u> </u>		
是否學習華					華語程度	零程	<u> </u>	一初級	□中級	□高級
護照	,,,,	烈地點			號碼				失效日期	
PASSPOR	PLACE	OF ISSUE			NUMBER	<u>—</u>			EXPIRATION DATE	
父母資	料 PAR	ENTS	(Give com	plete addresse	es only if different fro	m hor	me address	above))	
		父	親	FATHER	(In Chinese)		母	親	MOTHER	(In Chinese)
姓 名 NAM	Л Е									
服務機構 OFFICE										
參加僑團或 O. C. SOCIE					電話 TEL				傳真 FAX	
在台親友	 緊急聯絡	人(20	 歳以上)	RELATIVE	OR FRIEND FOR E	MER(GENCY C	ONTAC	T IN TAIWAN(.	Above age 20)
姓名			/\ - /		電話 TEL ()			與本人關係	
NAME IN CHIN	ESE				傳真 FAX ()			RELATION	
服務機構 職 稱										
OFFICE	<u> </u>								POSITION	
申請上課		別班)	WHICH	I PERIOD AR	RE YOU APPLYING	FOR	?			
□第一:	期 1 st Tei	rm (1/4-2/!	14)		□ 第二期 2 ⁿ	ıd Ter	m (7/3-8/13	3)		
□第三	期(暑期青	少年班)	3 rd Term	(Teenager's Sun	nmer Term) (7/4-8/14)					
			Γerm (12/4/-2							
申請上課班期(團體班) WHICH PERIOD ARE YOU APPLYING FOR?										
□ 泰國班 Thailand (3/26-5/6) □ 菲律賓班 Philippines (4/17-5/29)										
□ 印尼	□ 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 □心臓腦血管病變 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.

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

僑務委員會

As a student of the program, I am willing to observe and abide by all the regulations of the OCAC Language Study Program for Expatriate 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 Student's Signature:	家 長 簽 Parent's (Guard	名 ian's) Signa	ture:	日期 Date:	/	/	
電話 Phone:	電傳 Fax:	住 Home add	址 Iress:				

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 of		D	
Severe fights will be reported to the police	and the payment for the full medical services must be made.	Once 一次	Dismiss 退學
(嚴重鬥毆送警法辦外,並須負賠償責	任)	7	20十
Drug taking will be reported to the police.	(吸毒者送警法辦)		
Being late for bed-check. (晚點名遲到)			0.25
Sick leaves. (病假)		One Hour	0.15
Leaving on personal matters. (事假)		一小時	0.25
Unexcused absence from class. (曠課)			1
Being late for class. (上課遲到)			
Leaving class before dismissal. (上課早達	艮)		0.1
Playing with cell phones or iPads during c	lass time(上課把玩手機或平板電腦)		0.1
Not wearing name tag at any given time.	(未帶名牌)	<u></u>	
If you didn't fill out any permission form	for leaves, it will result in a point deduction.		0.5
(未照規定填寫請假單)		0.5	
Smoking in non-smoking areas. (在非吸	堙區內抽煙)		
Being noisy after bed-check and failing to		1	
Leaving the center without permission after	Once	1	
Putting up people who are not presently st	一次		
Drinking, gambling, fighting with others of	uring study period.(在研習期間喝酒、賭博和打架)		
Damaging public properties. (You will ha		2	
(破壞公物,另須照價賠償)		2	
Staying in the room of the opposite sex af	er bed-check. (晚點名後在異性房間逗留)		
Staying overnight without filling in the O	_	4	
Room-check	Clean (乾淨)		+ 0.5
(房間檢查)	Messy (髒亂)		- 0.5
If you win any competition held by the of	fice during this term, your discipline points may be added 0.5 point. (如果於	One	+ 0.5
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)	一個獎項	+ 0.3
Loudly playing music anytime. (音響音:	量過大)		
Playing with dangerous articles, i.e. air gu	Confiscate the equipment until the end		
(使用具危險性器具,如:空氣槍/玩具	the term (沒收器材至離營時發還)		
Alcoholic drinks. (含酒精飲料)			

- 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 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)						
①申請人簽名 Applicant's Signature	審查單位	初審					
	4 5 7 12	(政府駐外代表單位或華僑文教服務中心)					
		1.申請人確實具備華裔身分? □ 是 □ 否					
	宏太立日	2.送審證件及所填資料是否齊全、屬實? □ 是 □否					
·	審查意見	3.曾否參加本項語文研習活動?□是年月,共期					
②家長簽名 Parent's Signature		□否					
	業務請加蓋						
	受理單位章戳						
③推薦人簽名 Reference' Signature	或	即 鑑					
	審查人印章	' -					
申請日期 Date of application:							
(7)	審查日期	日 月 日					
(D) / (M) / (Y)							



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】

	【本础明二個	月內有效 Valid IOI Tillee Mollid	18]
中文姓名:	(Name in Chinese)	檢查日期Date of Examination	
Name in English		日(D)月(M)年(Y)	相片
性別 Sex: □男 Male □女 F	Recent 1-inch		
出生年月日 Date of Birth:	Photos Here		
A.身高 Height:公		F.體重 Weight:公斤 Kg	/ Lb
B. 脈搏 Pulse: 次			
		H.疝氣 Hernia □正常 Normal	
D.心臟 Heart:			
E.體肢運動 Locomotors:	□正常 Normal [□異常 Abnormal	
檢縣	会室檢查 LABORAT	TORY EXAMINATIONS	
	 予受理。【Application	on missing this information will not	be accepted.
A.胸部 X 光檢查肺結核 Ches		_	Abnormal
B.B型肝炎表面抗原檢查 He	•		Negative
	MEDICAL HISTO		-
♥ 您是否曾經感染下列疾病 F	Iave you ever had the fo	ollowing 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
		/小姐之檢查結果,他/她 □是	─────
		/ MsHe / She	
	-		
醫院或(診所)名稱、地	址、電話	負責醫師簽章	
Hospital's or Clinic's Name · Ad	ldress • Tel	Physician:	
			& Signature)
醫院負責人簽章		日期 Date:日(D)	_月(M)年(Y)
Superintendent:		··· ()	_ · · · / · · · /
(Nam	ne & Signature]		