



僑務委員會
OCAC, R.O.C. (Taiwan)

2018 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	_____	_____	_____	_____	_____	_____	
居住城市 LIVING CITY		出生日期 DATE OF BIRTH	____	____	____	性別 SEX	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
國籍 NATIONALITY		住址 HOME ADDRESS	(Capital Letters)					
電話 TEL		傳真 FAX		E-mail				
是否學習華語	<input type="checkbox"/> 是 _____ 年	<input type="checkbox"/> 否	華語程度	<input type="checkbox"/> 零程度	<input type="checkbox"/> 初級	<input type="checkbox"/> 中級	<input type="checkbox"/> 高級	
護照	發照地點		號碼		失效日期			

父母資料 PARENTS (Give complete addresses only if different from home address above)

	父親 FATHER (In Chin)	母親 MOTHER (In Chinese)
姓名 NAME		
職業/服務機構 OCCUPATION/OFFICE		
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 NAME IN CHINESE	電話 TEL ()	與本人關係 RELATION
	傳真 FAX ()	
服務機構 OFFICE		職稱 POSITION

申請上課班期 WHICH PERIOD ARE YOU APPLYING FOR ?

第一期 1st Term (1/3-2/13)

⑧ 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
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 Overseas 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: _____ 家長簽名 Parent's (Guardian's) Signature: _____ 日期 Date: _____ / _____ / _____

電話 Phone: _____ 電傳 Fax: _____ 住 址 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 (上課把玩手机或平板電腦) 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)		2	
Staying in the room of the opposite sex after bed-check. (晚點名後在異性房間逗留)		4	
Staying overnight without filling in the Overnight Absent Form. (不假外宿)		+ 0.5	
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 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

(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

② 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

③ 推薦人簽名 Reference' Signature

申請日期 Date of application :

審 查 日 期

年 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】

中文姓 _____ (Name in Chinese)

檢查日期 Date of Examination

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 : _____

相 片

Recent 1-inch
Photos Here

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

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 }

僑務委員會海外華裔青年語文研習班個人資料蒐集、處理及利用告知事項

OCAC disclosure regarding gathering, handling and using personal information of participants in the Language Study Program for Compatriot Youth

一、依據：個人資料保護法(以下簡稱「個資法」)第八條規定。

1. Pursuant to: Article 8 of the Personal Information Protection Act (hereafter “the Act”).

二、機關名稱：僑務委員會（以下簡稱「本會」）及受本會委託辦理本活動之單位。

2. Agency (name): The Overseas Community Affairs Council (hereafter “OCAC”), and the unit it assigns to carry out this activity.

三、蒐集之目的：

基於辦理本會海外華裔青年活動相關之招生、核錄、辦理保險等相關訊息發送之資(通)訊服務、學員聯繫、學員資料與資料庫管理、統計研究分析、學術研究及其他完成本會活動營務及僑務必要之工作，或經學員同意之目的。

3. Reasons for gathering information:

For performing necessary services when holding OCAC Overseas Chinese Youth activities, including enrollments, acceptance letters, insurance, and other matters; tasks involving student contact information and personal database management, statistical analysis, academic research, and other tasks required by the OCAC to run its activity and overseas community affairs; and other uses approved by the applicants.

四、個人資料之類別：

(一) 辨識個人者(C001)：中英文姓名、職稱、自傳、相片、住址、出生年月日、出生地、居住地區、通訊地址、電話、行動電話、傳真、電子郵件信箱等。

(二) 辨識財務者(C002)：保險單號碼。

(三) 政府資料中之識辨者(C003)：身分證統一編號、護照號碼、保險憑證號碼及證照號碼等。

(四) 個人描述(C011)：出生年月、性別、國籍及居住地區等。

(五) 身體描述(C012)：身高、體重及血型等。

(六) 習慣(C013)：飲食習慣。

(七) 家庭其他成員之細節(C023)：家庭其他成員或親屬、父母、同居人及旅居國外及大陸人民親屬等。

(八) 其他社會關係(C024)：朋友、同事及其他除家庭以外之關係等。

(九) 移民情形(C033)：護照、工作許可文件、居留證明文件、移民資料、入境之條件及其他相關細節等。

(十) 慈善機構或其他團體之會員資格(C037)：僑團、僑社、僑商會會員。

(十一) 職業(C038)：職業、職稱。

(十二) 現行之受雇情形(C061)：僱主、工作描述、產業特性等。

(十三) 健康紀錄(C111)。

(十四) 種族或血統來源(C0113)。

4. Types of information gathered:

(1) For identifying the individual (C001): Chinese and English name, job title, autobiography, biography, photograph, date of birth, place of birth, place of residence, address, tel. no., mobile phone no., fax no., email address.

(2) For verifying financial information (C002): Insurance policy number.

(3) For identification in government documents (C003): ID card no., passport no., insurance certificate no., license no.

(4) Personal description (C011): Month and year of birth, sex, nationality and residence.

(5) Body description (C012): Height, weight and blood type.

(6) Habits (C013): Dietary habits.

- (7) Information on other family members (C023): Family members, relatives, parents, common-law partners, and relatives living overseas or in Mainland China.
- (8) Other social relationships (C024): Relationships with friends, colleagues and others outside the family.
- (9) Immigration situation (C033): Passport, work permit, residence permit, immigration information, entry conditions and other related details.
- (10) Membership of charity organizations or other groups (C037): Overseas Chinese groups, overseas Chinese chambers of commerce.
- (11) Occupation (C038): job, position.
- (12) Current employment situation (C061): employer, work description, characteristics of industry.
- (13) Health records (C111).
- (14) Race or ethnicity (C0113).

五、個人資料處理及利用：

(一) 個人資料利用之期間：

自報名本會活動起至上開蒐集目的完成所需之期間為利用期間。

(二) 個人資料利用之地區：

臺灣地區(中華民國境內)、當事人居住地或經當事人授權處理、利用之地區。

(三) 個人資料利用之對象：

本會、本會駐外僑務秘書或駐外館處(協助本會遴薦參加人員及業務聯繫之必要情形下，利用本會提供之當事人個人資料)、本會業務委外之委辦廠商(本會活動委外合約業明訂委辦廠商得利用本會提供之參加人員個人資料時，應遵守個資法相關規定)及經本會同意得運用之學術研究單位、學者專家等。

(四) 個人資料利用之方式：

執行本會業務，包括本會舉辦之各項活動如招生、錄取、保險、訂房、參訪、拜會機關等證明及相關訊息(寄)發送通知、當事人之聯絡、資料統計分析、辦理本會業務必要揭露、學術研究及其他等有助上開蒐集目的之必要方式。

5. Handling and use of personal information:

(1) Utilizing period:

From the time of application to the OCAC activity to the completion of the aforementioned information gathering.

(2) The region within which personal information will be used:

Taiwan (within the ROC), the place of residence of the party involved, or places where handling and use has been approved by the party involved.

(3) Users of personal information:

The OCAC, the OCAC's secretary office or embassy/consulate/representative office (personal information of the person involved can be provided to them by the OCAC when selecting participants or for contact purposes), suppliers contracted by the OCAC (the outsourcing contracts for OCAC activities clearly state that when a supplier needs to use the personal information of participants, the regulations of the Act must be obeyed), and research units and scholars and experts authorized by OCAC.

(4) Way of using:

Carrying out the OCAC's operations, such as sending enrollment forms, acceptance letters, insurance matters, room reservations, visiting organizations and other certificates, and sending of related information, contacting the person involved, statistical analysis, necessary disclosure of the OCAC's operations, academic research and other necessary methods for achieving the aforementioned collection objectives.

六、當事人得依個人資料保護法規定查詢或請求閱覽；請求製給複製本；請求補充或更正；請求停止蒐集、處理或利用；請求刪除。當事人得以書面與本會聯繫，行使上述之權利。

6. In accordance with the Act, the person involved can inquire about the information or request to read it; they can ask for copies, and ask to cease the use and handling, and for deletion. The person involved can exercise the above rights by submitting a hard copy in writing with this request to the OCAC.

七、學員如未提供本會辦理活動所需之正確完整個人資料，應註明正當充分之理由，否則將無法進行報名手續並喪失享有活動後續服務之權益。

7. If an applicant does not provide complete and correct information for the OCAC to carry out this activity, he/she should fully state the reason for this. Otherwise, the application cannot be processed, and the applicant will lose the entitlement to subsequent services connected with the activity.

(Adult applicant) 本人 (Chinese Name) _____ (English Name : _____)

(Minor applicant) 本人係 (Chinese Name) _____ (English Name : _____)

法定代理人 (Guardian's Chinese Name) _____ (English Name : _____)

業已詳閱、瞭解且同意所附「海外華裔青年語文研習班個人資料蒐集、處理及利用告知事項」。

I have carefully read and understood the attached OCAC disclosure regarding the gathering, handling and using of personal information of participants in the Language Study Program for Compatriot Youth, and I hereby agree to it.

此致 To:

僑務委員會

OCAC

立書人 (已成年之報名者或未成年報名者之之法定代理人) :

Applicant (adult applicant or legal guardian of minor applicant)

_____ (Signature)

身分證字號 (ID or Passport No.) : _____

Country : _____

Address : _____

Tel : _____

Date: _____