



僑務委員會
O C A C, Republic of China (Taiwan)

2020 年僑務委員會海外青年臺灣文化研習營報名表

Application Form for 2020 Program Overseas Youth Taiwanese Culture Program

填寫報名表前，務請先詳閱招生簡章各項說明與規定。

(Please read the admission guidelines carefully before filling out the application form.)

姓名 Name	中文 Chinese Name					相片 (3張) Attach 3 1-inch Photos Here
	英文 English Name	First Name (Capital Letters)	Last Name			
出生地 Place of Birth		出生日期 Date of Birth	Month day year	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		
飲食習慣 Dietary habits <input type="checkbox"/> 葷食 Non-vegetarian <input type="checkbox"/> 素食 Vegetarian <input type="checkbox"/> 其他 Other _____						
是否曾學習臺語 <input type="checkbox"/> 是____年 <input type="checkbox"/> 否 臺語程度 <input type="checkbox"/> 零程度 <input type="checkbox"/> 初級 <input type="checkbox"/> 中級 <input type="checkbox"/> 高級						
Have you learned Taiwanese? <input type="checkbox"/> Yes, for ___years <input type="checkbox"/> No Taiwanese level <input type="checkbox"/> Zero <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced						
護照 Passport	發照地點 Place of Issue		號碼 Number		失效日期 Date of Expiry	

父母資料 Parents (Please specify parents' address if it's different from the home address above)			
	父親 Father (In Chinese)	母親 Mother (In Chinese)	
姓名 Name			
服務機構 Office or Company			
參加僑團或僑社 Overseas compatriot association			

在臺親友緊急聯絡人 (20 歲以上) Relative or Friend For Emergency Contact in Taiwan (Must be over 20 years of age)			
姓名 Chinese Name	電話 TEL ()	與本人關係 Relationship	
	傳真 FAX ()		
服務機構 Company		職稱 Position	

活動日期：2020 年 7 月 20 日至 8 月 2 日 Program Dates: July 20th to August 2nd 2020

® 是否患有下列疾病？ Do you have any of these diseases/conditions? 否 NO

痼疾 CHRONIC DISEASE, ex : _____ 精神心理疾病 MENTAL 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，請勿報名參加，抵臺後如經發現患有以上病症致發生事故者，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 diseases/conditions mentioned above or conditions which may affect participation in the activity, such as diabetes, infectious disease, or pregnancy. If any of these conditions attacks during the program and needs medical care, you have to be responsible for all medical and flight costs.

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 columns must be filled in, otherwise your application won't be accepted.