



僑務委員會
Overseas Compatriot Affairs Commission
2010 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.)

相片
(2張)
Attach 2
Recent 1-inch
Photos Here

姓	中 文 NAME IN CHINESE				
名	英 文 NAME IN ENGLISH	First (Capital Letters)	Last		
出生地 BIRTH PLACE		出生日期 DATE OF BIRTH	____ 19____ 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 :			
護 照 PASSPORT	發照地點 PLACE OF ISSUE	號 碼 NUMBER		失效日期 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					
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 (個別班) WHICH PERIOD ARE YOU APPLYING FOR ?					
<input type="checkbox"/> 第一期 1 st Term (1/4-2/14)	<input type="checkbox"/> 第二期 2 nd Term (3/1-4/11)	<input type="checkbox"/> 第三期 3 rd Term (5/3-6/13)			
<input type="checkbox"/> 第四期 4 th Term (7/5-8/15)	<input type="checkbox"/> 暑期青少年班 Teenager's Summer Term (7/6-8/16)				
<input type="checkbox"/> 第五期 5 th Term (10/11-11/21)	<input type="checkbox"/> 第六期 6 th Term (12/13-2011/1/23)				

申請上課班期 (團體班) WHICH PERIOD ARE YOU APPLYING FOR ?					
<input type="checkbox"/> 泰國班 Thailand (3/22-5/2)	<input type="checkbox"/> 菲律賓班 Philippines (4/12-5/30)				
<input type="checkbox"/> 印尼班 Indonesia (6/21-7/18)	<input type="checkbox"/> 日本及歐洲地區班 Japan and Europe (7/26-8/22)				

◎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疾病足以影響活動之進行，請勿申請入學，抵台後如經發現患有以上疾病，即須退學並自行負擔醫療及返居留地費用。

Please do not apply for admission, if you have any of the above-mentioned diseases or any diseases which may affect the participation of the activity. If any of the above mentioned diseases is discovered after arriving in Taiwan, the student must leave immediately and 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.

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，每週生輔成績加 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，不得參加畢業旅遊，不發給畢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。

我確定要學習中文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 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	初 審 (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? <input type="checkbox"/> 是 <input type="checkbox"/> 否 2. 送審證件及所填資料是否齊全、屬實? <input type="checkbox"/> 是 <input type="checkbox"/> 否 3. 曾否參加本項語文研習活動? <input type="checkbox"/> 是 年 月，共 期 <input type="checkbox"/> 否
②家長簽名 Parent's Signature	◎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 : (D) ___ / (M) ___ / (Y) ___	審 查 日 期 年 月 日

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 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 Overseas Compatriot Affairs Commission

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)	Once 一次	Dismiss 退學
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, 並須負擔醫費)		
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 一小時	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)		0.1
Not wearing nametag at any given time. (未帶名牌)		
If you didn't fill out any permission form, it will result in a point deduction. (若未照規定填寫任何表單, 將會扣生輔成績 0.5 分)		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)	Once 一次	1
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)		
Drinking, gambling, fighting with others during study period. (在研習期間喝酒、賭博和打架)		2
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)		4
Staying overnight without filling in the Overnight Absent Form. (不假外宿)		
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. (如長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.....)		Confiscate the equipment until the end of the term (沒收器材至離營時發還)
Alcoholic drinks. (含酒精飲料)		



僑務委員會
Overseas Compatriot Affairs Commission
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 日(D)____月(M)____年(Y)____	相 片 Recent 1-inch Photos Here
Name in English _____	護照號碼 Passport No： _____	
性別 Sex： <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female 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 <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
D. 心臟 Heart： <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	
E. 體肢運動 Locomotors： <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 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： <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
B. B 型肝炎表面抗原檢查 Hepatitis B Surface Antigen： <input type="checkbox"/> 陽性 Positive <input type="checkbox"/> 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： <input type="checkbox"/> Yes <input type="checkbox"/> No	E. 癲癇 Epilepsy： <input type="checkbox"/> Yes <input type="checkbox"/> No
B. 氣喘病 Asthma： <input type="checkbox"/> Yes <input type="checkbox"/> No	F. 腎臟病 Kidney disease： <input type="checkbox"/> Yes <input type="checkbox"/> No
C. 高血壓 Hypertension： <input type="checkbox"/> Yes <input type="checkbox"/> No	G. 瘧疾 Malaria： <input type="checkbox"/> Yes <input type="checkbox"/> No
D. 糖尿病 Diabetes： <input type="checkbox"/> Yes <input type="checkbox"/> No	H. 肝病 Liver Disease： <input type="checkbox"/> Yes <input type="checkbox"/> 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
Hospital's or Clinic's Name、Address、Tel

負責醫師簽章
Physician： _____
[Name & Signature]

醫院負責人簽章
Superintendent： _____
[Name & Signature]

日期 Date： 日(D)____月(M)____年(Y)____