



僑 務 委 員 會
Overseas Compatriot Affairs Commission
2007 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
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 Attach 2
 Recent 1-inch
 Photos Here

姓 名	中 文 NAME IN CHINESE					
	英 文 NAME IN ENGLISH	_____	_____	_____	_____	_____
出生地 BIRTH PLACE		出生日期 DATE OF BIRTH	_____ 19 _____ Month day year	性 別 SEX	男 女 Male 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	

希望何時開始上課 (個別班) WHICH PERIOD ARE YOU APPLYING FOR ?					
第一期 1 st Term (1/9-2/19)	第二期 2 nd Term (3/5-4/15)	第三期 3 rd Term (5/1-6/11)			
第四期 4 th Term (7/2-8/12)	第五期 5 th Term (7/9-8/19)	第六期 6 th Term (9/10-10/21)			
第七期 7th Term (11/12-12/23)					

希望何時開始上課 (團體班) WHICH PERIOD ARE YOU APPLYING FOR ?					
泰國班 Thailand (3/26-5/6)	菲律賓 (一) Philippines (4/5-5/16)	菲律賓 (二) Philippines (4/16-5/27)			
印尼班 Indonesia (6/18-7/15)	日本班 (兼收歐洲地區) Japan (Europe) (7/23-8/19)				
新加坡班 Singapore (11/12-12/9)	大洋洲班 Oceania (12/13-2008/1/23)				

Ⓜ 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 one of the above-mentioned diseases or any diseases which may affect the activity. If any of the above mentioned are 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, all information must be completed; otherwise your application won't be accepted.

就 學 同 意 書

APPLICATION 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 Center, 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 Center and will depart immediately upon request submitted by the Overseas Compatriot Affairs Commission

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 Notice :

- 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 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, thereafter, 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 room of the opposite sex over night. (在異性房間睡覺) Severe fights and will be reported to the police & payment for the full medical service 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) Not wearing nametag at any given time. (未帶名牌)	Once 一次	0.1
If you didn't fill out any permission form ,it will result a point reduction. (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) 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 studying period. (在研習期間喝酒、賭博和打架) Damaging public property. (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 an opposite sex after bed-check. (晚點名後在異性房間逗留)		2
Staying over night without filling in the Over Night Absent From. (不假外宿)	Once 一次	4
Room-check (房間檢查)		+ 0.5
Clean (乾淨) 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部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.....) Alcohol 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)	



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)

Name in English _____

檢查日期 Date of Examination

日(D)____月(M)____年(Y)____

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Recent 1-inch
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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。【Applications missing this information will not 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

Hospital's or Clinic Name, Address, Tel

負責醫師簽章

Chief Physician： _____

[Name & Signature]

醫院負責人簽章

Superintendent： _____

日期 Date：日(D)____月(M)____年(Y)____

[Name & Signature]