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| **僑務委員會OCAC, R.O.C. (Taiwan)**  **2024 年僑務委員會海外青年臺灣技職教育體驗營報名表**  **Application Form for 2024 Overseas Compatriot Youth**  **Taiwan Technical and Vocational Education Experience 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 | 中文  NAME IN CHINESE | | | |  | | | | | | | | | | | | | 相片  Recent 1-inch  Photos Here |
| 英文  NAME IN ENGLISH | | | | (Capital Letters) First Name Last Name | | | | | | | | | | | | |
| 居住城市  CITY OF RESIDENCE | | |  | | | 出生日期  DATE OF BIRTH | | | | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  Month day year | | 性別 | □ 男 | | | □ 女  Female | |
| SEX | Male | | | Female | |
| 國 籍  NATIONALITY | | |  | | | 住 址  HOME ADDRESS | | | | ( Capital Letters) | | | | | | | | |
| 電話 TEL | | |  | | | | E-MAIL | | |  | | | | i 僑卡卡號 i-COMPATRIOT CARD No.: | | | | |
| 護照  PASSPORT | | 發照地點Place of Issue | | | | | | | 號碼Number | | | | | | 有效日期Date of Expiry | | | |
| 飲食習慣DIETARY □葷Normal □素食Vegetarian □其他Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| 學歷EDUCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  學校名稱 NAME OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  科系MAJOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | 申請研習梯次 WHICH REGION-TERM ARE YOU APPLYING FOR?  □ 第1梯(菲律賓地區) １st Term **(PH)（6/2-6/15）**  □ 第2梯(越南地區) 2 nd Term **(VN)（7/13-7/26）**  □ 第3梯(印尼地區) 3 rd Term **(ID)** **(12/14-12/27）** | | | | | | | |
| 是否曾學習華語HAVE YOU EVER LEARNED MANDARIN?  □是\_\_\_\_年 (Yes & How long) □否No | | | | | | | | | | 華語程度 MANDARIN LEVEL  □零程度Beginner □初級Elementary □中級Intermediate □高級Advanced | | | | | | | | |
| 父母資料 PARENTS （Give complete addresses only if different from home address above） | | | | | | | | | | | 在臺親友緊急聯絡人（20歲以上） RELATIVE OR FRIEND FOR EMERGENCY CONTACT IN TAIWAN(Above age 20 ) | | | | | | | |
|  | | | | 父親  FATHER | | | | 母親  MOTHER | | | 姓名  NAME IN CHINESE | | | | | | 與本人關係  RELATIONSHIP | |
| 姓名NAME (in Chinese) | | | |  | | | |  | | | 電話TEL | | | | | | E-MAIL | |
| 服務機構OFFICE | | | |  | | | |  | | | 服務機構 OFFICE | | | | | | | |
| 參加社團或僑社  O.C.GROUP /SOCIETY | | | |  | | | |  | | | 職稱 POSITION | | | | | | | |
| ®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 aforementioned diseases or any serious conditions (such as diabetes, infectious disease or pregnancy) which may affect participation in the activity. If any of the aforementioned diseases/medical conditions is discovered after arriving in Taiwan, the student must bear sole responsibility and must pay his/her own medical and return expenses. | | | | | | | | | | | | | | | | | | |

**請注意每欄務必填寫，否則申請表件不予受理。Please note that each column must be completed, otherwise your application won’t be accepted.**