



僑務委員會
Overseas Compatriot Affairs Commission

2010年海外華裔青年台灣觀摩團報名表

Application Form for 2010 Expatriate Youth Taiwan Study Tour

✎ 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.)

姓名	中文 NAME IN CHINESE						相片 (3張) Attach 3 Recent 1-inch Photos Here
	英文 NAME IN ENGLISH	First Name (Capital Letters)				Last Name	
出生地 BIRTH PLACE		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 :					
護照 PASSPORT	發照地點 ISSUE PLACE		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 OR COMPANY			
參加僑團或僑社 O. C. SOCIETY			

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 OR COMPANY		職稱 POSITION	

觀摩研習梯次 WHICH TERM ARE YOU APPLYING FOR ?
個別班 (Individuals)
<input type="checkbox"/> 第 1 梯 1 st Term (1/6-1/26) <input type="checkbox"/> 第 5 梯 5 th Term (7/10-7/30)
<input type="checkbox"/> 第 6 梯 6th Term (8/5-8/25) <input type="checkbox"/> 第 7 梯 7th Term (12/6-12/26)

團體班 (Specific Areas)
<input type="checkbox"/> 第 2 梯 2 nd Term (Thailand) (4/1-4/21) <input type="checkbox"/> 第 3 梯 3 rd Term (Philippines) (5/3-5/23)
<input type="checkbox"/> 第 4 梯 4 th Term (Indonesia) (6/21-7/11) <input type="checkbox"/> 第 8 梯 8th Term (Malaysia) (12/11-12/31)

Ⓜ 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，抵台後如經發現患有以上疾病，即須退團並自行負擔醫療及返回居留地費用。

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 tour. If any of the above mentioned diseases is discovered after arriving in Taiwan, the applicant must leave immediately and pay his/her own medical and return expenses.

特長 Special Talent	興趣 Hobbies
參加團體及職稱 Organization /Membership & Position	
履歷 Personal Background	
參加菲華青年服務團之親屬 Relatives who joined Dynamic Youth, Inc.	

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.

申請人簽名 Applicant's Signature _____ 家長簽名(代簽無效) Parent's Signature _____ 年 _____ 月 _____ 日

收件 _____ 輸檔 _____ 審閱 _____ 交談 _____ 列 _____ 號