**Application Form**

**2017 NCUE Summer Camp**

**“Culture & Chinese Learning Program in Taiwan”**

* **Personal Information**

|  |  |
| --- | --- |
| Family Name: | Given Name(s): |
|  |  |
| Gender: | **Email Address:** |
| 🞎 Male 🞎 Female |  |
| Nationality: | **Date of Birth(YYYY-MM-DD):** |
|  |  |
| Passport Number: | **Passport expiry date (YYYY-MM-DD):** |
|  |  |
| Contact Address: | |
|  | |
| Contact phone number (country code- area code- phone number): | |
|  | |

* **Emergency Contact Information**

|  |  |
| --- | --- |
| Emergency Contact: | Relationship: |
|  |  |
| Contact phone number: | **Email:** |
|  |  |
| Address: | |
|  | |
| Emergency Contact in Taiwan (if possible): | **Relationship:** |
|  |  |
| Contact phone number: | **Email:** |
|  |  |
| Address: | |
|  | |

* **Education Information**

|  |  |
| --- | --- |
| Home University: | Education Level: |
|  | 🞎 Undergraduate 🞎 Postgraduate |
| School/Department: | **Degree/Major:** |
|  |  |
| Level of Chinese: | |
| 🞎 None 🞎 Elementary 🞎 Intermediate 🞎 Professional 🞎 Native | |
| Level of English: | |
| 🞎 None 🞎 Elementary 🞎 Intermediate 🞎 Professional 🞎 Native | |

* **Prescription of special circumstances**

|  |
| --- |
| Have any medical conditions, allergies, chronic illness or special needs the staff should know about?  e.g., heart diseases, high blood pressure, diabetes, asthma, etc. |
|  |

|  |  |
| --- | --- |
| Dietary information: | |
| 🞎 Normal 🞎 Vegetarian 🞎 Other: | |
| Allergenic Foods: | **What are the food allergy signs and symptoms?** |
|  |  |

* **Document Checklist**

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| □ Application Form for 2017 NCUE Summer Camp |
| □ Declaration Form for 2017 NCUE Summer Camp |
| □ A scanned copy of your passport information page |

