

教育部 函

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受文者：長榮大學

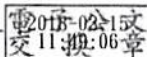
發文日期：中華民國107年3月15日
發文字號：臺教文(六)字第1070039451號
速別：最速件
密等及解密條件或保密期限：
附件：1070015A號通告、報名表(0039451A00_ATTCH1.pdf、0039451A00_ATTCH2.pdf)

電子交換收文章

主旨：檢送本部107年選送華語教學助理赴國外學校任教第107015A號通告乙份，請惠予刊載於貴校（單位）網站周知，請查照。

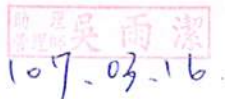
說明：請依據本部補助選送華語教學人員赴國外學校任教要點辦理相關事宜。

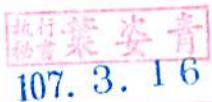
正本：各公私立大專校院(含大學系統)、世界華語文教育學會、臺灣華語文教學學會、財團法人中衛發展中心（全球華語文教育專案辦公室）

副本：駐洛杉磯辦事處教育組 

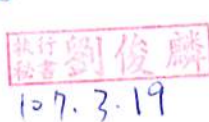
擬辦：

1. 公告於華語教學師資學分學程網頁，有興趣者逕報名參加。
2. 擬請同意更改公文速別為普通件，以利呈核。
3. 文陳後存。











長榮大學 總收發



1070002618

教育部 107 年選送華語教學助理赴國外學校任教第 107015A 號通告

任教國家	美國	
合作學校	巴納德小學 Barnard Asian Pacific Language Academy	
負責人名銜	Ms. Susan Gibbons-Bullock, Amity Institute	
擬聘教學助理數	4 名	
聘期起訖	107 年 8 月 24 日至 108 年 6 月 11 日止 (*獲選人需於聘期前到任，逾期註銷獲聘資格。)	
教學人員資格	<p>一. 具中華民國國籍，且在臺灣地區設有戶籍(請附證明影本)，並符合以下之一條件者(聘期間須具國內學生身份)：</p> <p>(1) 就讀國內華語文教學相關系所之在學學生。</p> <p>(2) 就讀國內中小學教育學程或英語系所，且獲有國內大學校院對外華語教學師資培訓班修習 100 小時以上課程或學程證書之在學學生。</p> <p>二. Barnard Asian Pacific Language Academy 任用必要條件：</p> <p>(1) 起聘時至少已修讀 4 學期課程。</p> <p>(2) 須有從事教育生涯之規劃(從事海外華語教學、英語教學或中小學教學)。</p> <p>三. 具下列資格優先考慮：</p> <p>(1) 英文程度足夠可在課堂上輔導教學。</p> <p>(2) 年齡：21-29 歲。</p>	
待遇	稅後月薪	無
	其他待遇	寄宿於篩選過的住宿家庭，提供 3 餐、住宿及通勤交通工具，上述待遇等值每月 900 美元。
	教育部補助項目	<p>1. 生活費：每月 600 美元，依實際任教天數核撥。</p> <p>2. 機票費：臺灣往返任教地最直接航程經濟艙機票一張，以 1,300 美元為上限，依購票證明核實撥付。</p> <p>3. 補助款將折合新臺幣由國內推薦學校轉發予錄取學生國內帳戶。</p>
	備註	<p>獲聘教學助理須負擔下列費用：</p> <p>1. 教學助理之行政處理費用 150 美元；</p> <p>2. J1 簽證費用約 160 美元；</p> <p>3. 學生和交流訪客資訊系統(SEVIS)費用 180 美元；</p> <p>4. 健保費用每月約 100 美元。</p>
工作內容(教學及行政)	<p>1. 中文沉浸式教學，獲聘華語教學助理須配合班導師教學需求，在旁協助教學(如小型課堂活動、分組輔導學生完成任務功課，或於導師督導下準備及帶領全班)，內容含有中文、數學、音樂及美術等科目，每週 32 小時。</p> <p>2. 獲聘華語教學助理須參與文化表演活動，如藝術課、音樂、舞蹈、美術等課堂，或文化節慶等慶祝活動。</p>	
教學期間注意事項	<p>1. 教學助理由於沒有合格教師證書，不會被要求代課或獨立教學，所有課堂活動都會在合格老師的監督指導下進行。</p> <p>2. 教學助理抵校後，學校會給予職前(上課前)研習說明，介紹學校的情形及教學須遵循的原則，並指派 1 位合格導師協助指導。</p> <p>3. 教學助理需能與學生良好互動，並尊重老師、同事、校長等教職員。</p>	

授課對象	每班級學生約 25 人 (教學對象為學前班至小學 5 年級學生)
申請須知	<ol style="list-style-type: none"> 申請者請備妥以下資料 (紙本及電子檔) : <ol style="list-style-type: none"> Amity Institute 申請表格, 如後附。 學校推薦函。 學業成績單。 履歷表(含中英文自傳)。 英文能力證明。 其他有助於甄選之相關證書。 請最遲於 107 年 4 月 15 日臺灣時間 24:00 前, 檢具上述文件, 請所屬學校以公函寄至「駐洛杉磯辦事處教育組 (正本受文者)」, 並副知教育部 (所屬學校系辦推薦及同意公函, 可合為一函, 中文即可), 另電子檔傳送予 Amity Institute, 並署名「應徵 2018 美國巴納德小學華語教學助理-學校/姓名」。 未依照程序辦理者, 恕本部不核發補助, 逾期不受理, 所繳交資料恕不退還, 未錄取者不另行通知。
備註	<ol style="list-style-type: none"> <u>本案係依「教育部補助選送華語教學人員赴國外學校任教要點」規定辦理補助及成效考核。</u> 每名華語教學助理受領教育部生活補助以一年為限。 <u>本案申請者, 經核定錄取, 不得再接受其他華語教學人員聘任, 倘有上述情事, 則註銷當年度其所有華語教學人員錄取資格。</u> 任教期間, 除緊急事件外, 請勿申請休假或請假回國、旅遊或提早結束授課期限。 錄取者須自行辦妥護照與任教國簽證等證件, 倘未及於聘期前辦妥簽證赴任視同放棄錄取資格, 請申請人提前注意簽證辦理相關規定。 任期屆滿請配合校方辦理工作及教學之移交報告及說明, 供下一任教學助理接續執行。 獲聘教學助理須協助教育部蒐集當地華語教育資訊, 並列入教學成果報告中。
本案聯絡人及聯絡方式	<p>駐洛杉磯辦事處教育組 林雅婷主事 信箱: losangeles@mail.moe.gov.tw 電話: + (213) 385-0512 傳真: + (213) 385-2197 地址: 3731 Wilshire Blvd., Suite 770 Los Angeles, CA 90010 U.S.A.</p> <hr/> <p>Amity Institute Susan Gibbons-Bullock, Amity Institute 信箱: interns@amity.org 電話: + (619) 222-7000</p>

AMITY INSTITUTE

2018/2019 INTERN PROGRAM APPLICATION

1775 Hancock Street, Suite 170 • San Diego, CA 92110 • USA
 Tel: (619) 222-7000 • Email: interns@amity.org • Web: www.amity.org

Attach 1 smiling photo here
 (Approximately 3 cm by 3.5 cm).

ALL QUESTIONS ARE MANDATORY AND MUST BE TYPED. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.

Last Name(s): <small>family or surname as stated in your passport</small>	
First Name(s): <small>given name</small>	Middle Name(s):
Date of Birth: <small>Month / Day / Year</small>	Place of Birth: <small>City / Country</small>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married
Country of Citizenship:	Country of Legal Residency:
Native Language(s):	
How did you hear about our program?	
Primary Address	
Street: _____	City: _____
Province (if any): _____	Country: _____ Postal Code (if any): _____
Mailing Address (if different from above)	
Street: _____	City: _____
Province (if any): _____	Country: _____ Postal Code (if any): _____
Contact Information (include country and city code in telephone numbers)	
Home phone: _____	Cell Phone: _____
Email Address: _____	Skype ID: _____
<small>(Warning: Due to communication issues, do not use @gmx, @t-online, or @web email accounts.)</small>	
Emergency Contact Information (immediate family members only)	
Full Name: _____	Relationship to applicant: _____
Street and number: _____	City: _____
Province (if any): _____	Country: _____ Postal code: _____
Telephone: _____	Email: _____

Academic Background (select both options, if applicable)

I am currently enrolled:

Name of Institution: _____ City/Country: _____

Subject(s)/Field of Study: _____ Expected Graduation Date: _____
Month / Year

Type of Degree: Undergraduate (University Bachelor's Degree) Graduate (University Master's Degree)

If undergraduate, how many semesters will you have completed by August, 2018? _____

I have graduated:

Name of Institution: _____ City/Country: _____

Subject(s)/Field of Study: _____ Date of Diploma: _____
Month / Day / Year

Type of Degree: Undergraduate (University Bachelor's Degree) Graduate (University Master's Degree)

List all additional college/university or vocational/trade schools that you've attended below:

Name of Institution	City/Country	Subject(s)/Field of Study	Dates of Attendance (month/year – month/year)

Professional Background

Are you currently employed? Yes No If yes, what is your occupation? _____

What is your future career goal? (For example: Elementary School Teacher.) _____

List all relevant teaching / tutoring / youth leadership / teacher training / internship experience below:

Type and Location	Age Group	Dates (start-end)	Brief Description

Language Self Assessment

Have you taken a formal English proficiency test within the last two years? Yes No

If yes, state name of test and score: _____

Please self-evaluate your English skills by checking your level of proficiency in each area below. Do the same for other non-native languages that you speak (do not include the language(s) that you listed on page 1).

Language: English

<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>
Basic <input type="checkbox"/>	Basic <input type="checkbox"/>	Basic <input type="checkbox"/>
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>

Other Language: _____

<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>
Basic <input type="checkbox"/>	Basic <input type="checkbox"/>	Basic <input type="checkbox"/>
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>

Other Language: _____

<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>
Basic <input type="checkbox"/>	Basic <input type="checkbox"/>	Basic <input type="checkbox"/>
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>

Personal Information (please answer the questions below)

Do you have a driver's license?

Yes No

Have you ever been convicted of a crime?

Yes No (If yes, please explain on a separate sheet)

Do you smoke? Yes No

If yes, are you able to adjust to a non-smoking environment? Yes No

Do you currently or did you ever have any serious health problems, conditions, or symptoms, including psychiatric or mental disorders, for which you have or should have received treatment?

Yes No

If yes, please explain in detail below. Include name and description of condition(s):

Note: Disclosure of an illness or a disability does not automatically exclude you from participation. However, failure to disclose this information may be cause for immediate disqualification or termination from the program.

Visa Status/History (please be specific)

1) Do you currently hold a U.S. visa? Yes No

If yes, visa type: _____ Date of expiration: _____

2) Have you or anyone else on your behalf ever applied for any U.S. visa(s)? Yes No

If yes, visa type: _____ Date application was filed: _____

3) Have you ever been denied a U.S. visa? Yes No

If yes, visa type: _____ Date of denial: _____

Reason for the denial: _____

5. Your Host School is planning an international festival! What kinds of activities could you plan?

5a. How would you involve your students?

6. Host Families are not compensated and generously volunteer their time and financial resources. In return, families often expect that you share household duties and participate in family activities. What would it mean to you to live with a Host Family and what would you do to show your appreciation?

6a. How will you adjust to your Host Family's different customs and food?

Mandatory Requirements for Program Participation:

- 1) Between the ages of 21-29
- 2) Currently enrolled in a post-secondary, degree-issuing academic institution or have graduated no more than 12 months prior to program start date
- 3) Completed four semesters of undergraduate studies by August, 2018
- 4) A career goal in education
- 5) Sufficient proficiency in the English language to participate in the program
- 6) Clean criminal record
- 7) Ability to purchase round-trip airline ticket (cost varies)
- 8) Ability to pay for visa application/SEVIS fees
- 9) Ability to purchase mandatory health insurance for entire stay in the U.S. (approximately \$90 per month – paid in full prior to departure)
- 10) Have a minimum of \$150 per month for personal spending money (proof of funds required)

I understand these requirements and I am able to fulfill all of them. Yes No

If no, state which requirement(s) you are unable to meet and why:

Agreement:

By printing my name in the space provided below, I state that:

- I have read the Amity Bulletin.
- I have completed the application form on my own.
- I understand that Amity cannot guarantee an assignment.
- I understand that it is my responsibility to stay in communication with Amity.
- I will inform Amity immediately if, for any reason, I must withdraw my application.
- I will provide additional documents (2 reference forms, copy of valid passport, confirmation of funds, proof of university enrollment or copy of diploma, health evaluation, and criminal background check).
- I will pay the non-refundable application fee of US\$150 to Amity.
- I understand that any false statements on my part are cause for immediate disqualification of my candidacy or termination from an assignment regardless of when such false information is discovered.

Print Name

Date

Note: A Screening Officer in your home country will submit a report to Amity Institute after having verified your application and conducted a personal interview. A non-refundable screening fee may be required at the time of the interview.