

2022Taiwan-Southeast Asia Regional Cooperation Study and Training Program Application Form

Resume (個人簡歷)	Name (same as passport) (姓名)				Photo in recent years
	Nationality (國籍)				
	Birthday (出生日期) Day/Month/Year(日/月/年)		dd/ mm/ yyyy	Gender (性別)	
	Meal Preference (飲食習慣)		<input type="checkbox"/> Vegetarian(素) <input type="checkbox"/> meat food(葷食) <input type="checkbox"/> Halal food(清真飲食) <input type="checkbox"/> Special notice(特殊飲食習慣) : _____		
	Telephone No. (連絡電話)				
	E-mail (電子郵件)				
	School Name (學校名稱)				
	Department (科系)				
	Grade (現階段學歷)		<input type="checkbox"/> College student(大學生) <input type="checkbox"/> Postgraduate(研究生) <input type="checkbox"/> Ph.D. student(博士生)		
	Studying time in Taiwan (於台灣就讀幾年)		<input type="checkbox"/> 1 year(1 年) <input type="checkbox"/> 2-3 years(2-3 年) <input type="checkbox"/> more than 4 years(多於 4 年)		
Alien Resident Certificate (ARC) (居留證)					

Certificate of Enrollment of this year (2021) (在學證明)	
Essay	Your interests or understanding of hazardous materials (in 500 words)

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COVID-19 Health Survey

*Regarding privacy issues, this information is only for us to understand your health status, and will not affect your qualification to join the training.

1. The last date you entered Taiwan: vvvv / mm / dd
2. Have you gotten COVID-19 vaccinated? Yes, No
3. How many time have you been vaccinated? Which brand of vaccine did you get?
1st Vaccine; AstraZeneca(AZ), BioNTech(BNT), Moderna, MVC COVID-19 Vaccine,
Haven't been vaccinated
2nd Vaccine; AstraZeneca(AZ), BioNTech(BNT), Moderna, MVC COVID-19 Vaccine,
Haven't been vaccinated
4. The date you got/reserved first vaccine(Optional, no need to fill in if you haven't got/reserved 1st vaccine): vvvv / mm / dd
5. The date you got/reserved second vaccine(Optional, no need to fill in if you haven't got/reserved 2nd vaccine): vvvv / mm / dd

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Letter of Recommendation

Date,
National Yunlin University of Science & Technology
No. 123 University Road, Section 3,
Douliou, Yunlin 64002, Taiwan, R.O.C.

To Whom It May Concern:

I am writing to recommend _____'s application to your International Chemical Disaster Training program. Mr./Ms. _____ has been in our school for _____years.

Based on my observation and work experience on _____ for _____ years, I would hereby support her/him as a candidate for your program on International Chemical Disaster Training. If you need more information about her/him, please do not hesitate to contact me. We would be delighted to hear of your favorable admission of her/him.

Sincerely yours,

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(Signature)

Title:

Organization:

Contact information:



Please tell us more about yourself and how you know the candidate as well as explain why they will be effective, productive students/workers and examples.

Your Name	
Organization	
Position	
About candidate:	
=====	
(Signature)	