

107 學年度教育部「新南向學海築夢計畫」成大職治系內部甄選簡章

實習地點：泰國 馬希賓大學 Mahidol University

實習機構：泰國 馬希賓大學職能治療學系、職能治療門診中心、
馬希賓大學醫學院附設醫院

預計出國時程：民國 108 年 8 月 1 日至民國 108 年 9 月 5 日，共 36 日

預計出國人數：學生 2-5 名，學校酌予補助經費，實習結束須繳交完整報告

職治系選送生申請說明

報名期間：即日起至民國 108 年 6 月 6 日

報名資格：本系所各級學生，需能全程參加，且不影響其他課程之修習者

申請文件：(1)前一學期學業成績單

(2)泰文/英文語言能力證明：具泰文溝通能力者佳；或 TOEIC 成績等

(3)APPLICATION FORM FOR THE CLINICAL PRACTICE(如附件)

(4)實習計劃書(過去相關經驗、動機、實習計畫…等)

(5)其他有助審查之資料。

資料繳交：請合併上述檔案為一份PDF 電子檔寄至 lingyi.lin@ot.ncku.edu.tw

審查方式：由本系教師組成審查小組，進行書面審查，必要時將召開面試審查。



Photo

APPLICATION FOR THE CLINICAL PRACTICE
Faculty of Physical Therapy, Mahidol University

Please complete all sections of this form.

Section 1: Personal information

Title (Mr, Ms, Mrs, Others)

Name of applicant.....

First name Middle name Last (family) name

Gender (Male, Female)

Date of birth (date/month/year)

Citizenship

Address for correspondence (This address will be used for all written documentation.)

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Telephone number

Email address (Please provide email address that you check regularly as this will be used to send important correspondence to you.)

.....

Home address and telephone number

.....
.....

Telephone number

Name of parent/guardian/next of kin (specify which)

.....

Contact details for parent/guardian/next of kin (Add an address and telephone number if different from the home address and telephone number shown above.)

.....
.....

Telephone number

Name of present department/school/faculty/university/institution

.....
.....

Present address and telephone number of
department/school/faculty/university/institution

.....
.....

Telephone number

Name and email address of contact person at present department/school/faculty/
university/institution

.....
.....

Are you in which year of study at the present university/institution?

Section 2: Application information

Period of exchange at Faculty of Physical Therapy, Mahidol University

.....

From date/month/year

To date/month/year

Intended area of clinical practice

.....

Section 3: Declaration of financial support and health insurance

I confirm that

I will have available finance for the entire period of stay to cover accommodation, living expenses and other expenses which may occur. ☐

I have health insurance for the entire period of stay. ☐

I do pay all health expenses happen during the entire period of stay if I have no health insurance. ☐

I submit the above application for clinical practice at Faculty of Physical Therapy, Mahidol University. I certify that the information given in this form is complete to the best of my knowledge.

.....

Signature of applicant

.....

Date

Please return this form **by airmail** or **email attachment** to:

Mahidol University

999 Phuttamonthon Rd., Salaya, Nakorn Pathom Thailand 73170

Fax: +66 2 441-5454

Email: rungtip.pon@mahidol.ac.th