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| **Application Form for Consolation Allowance**  **National Taipei University of Technology (For International Students Only)** | | | | | | | | | | | | | | | | | |
| Name | | Student ID  No. | | Department/  Grade | | Mobile Phone Number | | | | Application Date | | Occurrence date | | Place of birth | | Date of birth |
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| **Family Status【Including parents, grandparents who live together, siblings and other related members】** | | | | | | | | | | | | | | | | |
| Title | Name | | Alive/ Deceased | | Age | | Health Status | | | | | | Monthly Income | | Note | |
| Normal | | Illness | | Disabilities | |
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| **Event Description【Time, Place, Course of Emergency Event and Family Economic Conditions（Required field, within 200 words）】** | | | | | | | | | | | | | | | | |
| **Applicant： (Self／Kinsfolk／Class Teacher／Military Instructor)** | | | | | | | | | | | | | | | | |
| **Class Teacher/Military Instructor** | | | | | | | | **Head of Department** | | | | | | | | |
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| **Office of International Affair** | | | | | | | | **Office of Student Affair** | | | | | | | | | |
| □ All required applicant documents have been received and approved.  □ Meet the requirements of this application. | | | | | | | |  | | | | | | | | | |

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| Required  Document | * **Apply to Life Guidance Division, Office of Student Affairs with all documents prepared within one months after the event happened** | |
| □1. Application Form  □2. Certificate of Enrollment／Student ID Card Copy（with current semester registration stamp）  □3. Student’s Own Post Office／Bank Passbook Copy  □4. Evidence（based on the below reasons） | |
| **Reason** | | **Consolation Allowance**  **【Apply only one time for the same event】** |
| □ 1. Deceased | | □Attach death certificate or coroner’s report. |
| □ 2. Major injury or major illness | |  |
| □(1)Major injury，hospitalized for 7 days or above | | □Attach medical certificate. |
| □(2)Major illness，in accordance with severe illness category defined by National Health Insurance Administration | | □Attach notice of review for severe illness issued by  National Health Insurance Administration. |
| □ 3. Family misfortunes | |  |
| □ (1) Parents or guardian missing for 6 months or above. | | □Attach record of missing person within 3 months |
| □ (2) Parents or guardian sent to prison. | | □Attach certificate of imprisonment |
| □ (3) Parents or guardian involuntarily unemployed. | | □Attach receipt of unemployment benefit |
| □ (4) Parents or guardian meet the criteria for severe illness defined by National Health Insurance Administration. | | □Attach notice of review for severe illness issued by National Health Insurance Administration. |
| □ (5) Parents or guardian deceased. | | □Attach death certificate or coroner’s report. |
| □(6) Parents or guardian encounter severe property damage due to windstorm, floods, earthquake, fire. | | □Attach document of proofs for damage. |
| □ (7) Parents or guardian hospitalized for 7 days or above due to windstorm, floods, earthquake, fire (excluding common injury e.g. car accident, occupational injury) | | □Attach medical certificate. |
| □ (8) Student sheltered by welfare organizations due to being abused, abandoned, or forced to work illegitimately by parents or guardian. | | □Attach document of proofs from welfare organizations. |
| □ (9) Others：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ | | □Attach relevant document of proofs. |
| □ 4. Injured on campus due to special accident | | □Attach medical certificate. |
| 【**Notice**】   1. Refer to Guidelines for Student Emergency Allowance for more details. 2. In the case of forgery or duplicate application, consolation allowance or compensation should be returned. 3. Student can only apply one time for the same event (family as a unit). | | |
| 【**Personal data protection notice**】  According to The Personal Data Protection Act and the privacy policy of the university, please read the following carefully and consent to the university using your data, thank you.  1. Purpose of the collection：Personal data are collected, processed and used for condolence allowance and compensation purposes.  2. Personal data provided by applicant：Personal data that may be used to directly or indirectly identify a natural person such as name, student ID number, class, mobile phone number, place of birth, date of birth, family members and their health and financial condition, emergency event situation, etc. are protected by the university and limited to the collection, processing and use described above.  3.The time period, territory, recipients, and methods of which the personal data is used：  (1) The collection, processing and use of personal data shall be carried out reasonably within the time period.  (2) The collection, processing and use of personal data shall be carried out only within the campus in a way that shall not exceed the necessary scope of the purposes of collection.  4.You may decide whether to provide your personal data to the university. If you are not willing to provide, the services with respect to the aforementioned purposes will be unavailable. Furthermore, if the personal data you provide to us is inaccurate, or is reported as illegally acquired or forged, the university is entitled to terminate your rights.  5. If you have any question about the rights you may exercise in terms of Article 3 of Personal Information Protection Act, please contact Life Guidance Division, Office of Student Affairs, thank you! | | |

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| **國立臺北科技大學學生急難慰問金申請表** | | | | | | | | | | | | | | | |
| 姓名 | | 學號 | | 系所／年級 | | 聯絡手機 | | 申請日期 | | | 發生日期 | | 出生地 | | 出生日期 |
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| **家庭狀況【含父母、同居之祖父母、兄弟姐妹及其他相關人員】** | | | | | | | | | | | | | | | |
| 稱謂 | 姓名 | | 存歿 | | 年齡 | | 健康狀況 | | | | | 每月收入 | | 備註 | |
| 正常 | | 疾病 | 身心障礙 | |
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| **事件陳述【遭遇急難之「時間」、「地點」、「事件經過」及「目前家庭經濟狀況」（必填，限200字以內）】** | | | | | | | | | | | | | | | |
| **申請人： (學生本人／家屬／導師／教官)** | | | | | | | | | | | | | | | |
| **導師／教官** | | | | | | | | **系（科）所主管** | | | | | | | |
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| **國際事務處** | | | | | | | | **學務處** | | | | | | | |
| □已完成證明文件資料審查。  □經查符合本次申請要件。 | | | | | | | |  | | | | | | | |

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| 證明文件 | **※備妥後，於『事發日1個月內』向學生事務處生活輔導組提出申請。** | |
| □1.申請書正本。  □2.在學證明／學生證影本（已蓋當學期註冊章）。  □3.學生本人郵局／銀行存摺封面影本。  □4.申請項目證明文件（依下方事由檢附證明）。 | |
| **事由** | | **慰問金**  **【同一事件以申請乙次為限】** |
| □ 1.不幸亡故者。 | | □檢附死亡證明書或相驗屍體證明。 |
| □ 2.重傷或重病就醫者。 | |  |
| □ (1)重傷，住院日期需連續滿 7 天（含）以上。 | | □檢附診斷證明書。 |
| □ (2)重病，應符合全民健保重大傷病標準。 | | □檢附健保署－全民健康保險重大傷病核定審查通知書，有效期間內皆可申請。 |
| □ 3.家庭遭受重大變故者。 | |  |
| □ (1)父或母或監護人失蹤6個月以上。 | | □檢附3個月內之失蹤人口協尋紀錄。 |
| □ (2)父或母或監護人入獄服刑。 | | □檢附在監執行證明。 |
| □ (3)父或母或監護人非自願性離職者。 | | □檢附失業勞工認定給付收據。 |
| □ (4)父或母或監護人符合全民健保重大傷病標準者。 | | □檢附健保署－全民健康保險重大傷病核定審查通知書，有效期間內皆可申請。 |
| □ (5)父或母或監護人死亡者。 | | □檢附死亡證明書或相驗屍體證明。 |
| □ (6)父或母或監護人因風、水、震、火災害致財產嚴重損失者。 | | □檢附災損證明。 |
| □ (7)父或母或監護人因風、水、震、火災害住院連續滿 7 天（含）以上（非一般傷病，例車禍、職災等）。 | | □檢附診斷證明書。 |
| □ (8)遭受父母或監護人虐待、遺棄、強迫從事不正當職業行為，致無法生活於家庭並經政府核准有案之社會福利機構或社會福利機構委託親屬收容者。 | | □檢附社福機構證明。 |
| □ (9)其他：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ | | □檢附相關證明文件。 |
| □ 4.因特殊事故於校內受傷者。 | | □檢附診斷證明書。 |
| 【注意事項】   1. 本表未盡事宜，依本校「急難慰問與濟助實施辦法」規定辦理（請自行上網觀看）。 2. 急難事故應檢附有關證明文件，如有偽報或重複申請者，應繳還慰問金及濟助金。 3. 同一事件以家庭為單位，申請以乙次為限。 | | |
| 【個人資料使用告知事項】  本校為遵循個人資料保護法規定及本校隱私權政策要求，並為保障您的權益，請您務必詳細閱讀本告知事項內容，並同意本校為行使蒐集資料之目的，謝謝！   1. 蒐集之特定目的：為辦理急難慰問／濟助之特定目的，所為之蒐集、處理及利用。 2. 您所提供以下的個人資料：姓名、學號、班級、聯絡手機、出生地、出生日期、家庭成員及其健康經濟狀況、急難事件狀況等以直接或間接識別您個人資料皆受本校維護，並僅限於上述業務範圍內使用。 3. 個人資料利用之期間、地區、對象及方式：   (1)本校將於蒐集目的之存續期間內合理利用您的個人資料。  (2)本校業務承辦人員於蒐集之目的範圍內，僅於校內以合理方式利用您的個人資料。   1. 您可自由選擇是否提供本校您的個人資料，若您不願提供，本校將無法為您提供蒐集目的之相關服務。但若您所提供之個人資料不正確，經檢舉、本校發現或經他人冒用、盜用，有資料不實之情形，本校有權終止您的權利。 2. 若您對依個人資料保護法第3條之個人資料行使權利，有任何疑問，煩請至學生事務處生活輔導組詢問，謝謝您！ | | |