**Official use only**

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1. PURPOSE OF APPLICATION

□Immigration □Work □Study □Other(Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PERSONAL DETAILS (PLEASE USE BLOCK LETTERS AND TICK THE APPROPRIATE BOXES BELOW)

Title: □Prof □Dr □Mr □Mrs □Ms □Miss □Other(Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Names (in full): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (DD/MM/YY):\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_ Gender: □M □F

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. EDUCATIONAL BACKGROUND

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department | Name of School | | Graduation Year (in A.D.) | | Degree Conferred | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| Professional specialty | 1. | 2. | | 3. | | 4. |

(continued)

1. PROFESSIONAL QUALIFICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Discipline | Year (in A.D.) | Issued by | Certificate No. |
| 1. Qualification   Examination Passed |  |  |  |  |
| 1. Professional Certificate |  |  |  |  |

1. General Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sum of Experience | | | Years Months | | |
| Remarks: 1. The practical experience in related fields since graduation is required.  2. Describe in a retrospective order, beginning with the most recent one.  3. Use one sheet for each organization.  4. If you don’t have any experience, please write “0” in sum of experience. | | | | | |
| Work No. | Starting Month | Ending Month | | Affiliation | Position/Title |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |
| 4 |  |  | |  |  |
| 5 |  |  | |  |  |

1. COMPULSORY DOCUMENTATION (YOU MUST PROVIDE THE FOLLOWING DOCUMENTS)

□Certified copy of Formal Degree/Diploma or Certificate for first and any subsequent qualification(s) in Chinese and English.

□Certified copy of academic transcript in Chinese and English.(ie list of subjects studied with results shown)

1. CERTIFICATION OF COPIES OF DOCUMENTS

**Properly-certified copies of ORIGINAL documents are required. Certified copies of previously certified**

**copies will not be accepted.**

You must provide certified true copies of your original degree or diploma or certificate/s, or certificates of other contributing qualifications, together with the associated academic transcript/s showing courses, subjects or units studied and the results gained in each. If you have more than one qualification that you believe is relevant, please provide the above details for each one.

1. METHOD OF PAYMENT

**An assessment fee of NT$3,000** must be paid at the time of lodgment of this form. **This fee is NOT refundable.**

Note: Any payment from outside Taiwan must be in favor of IEET, by a Bank Draft drawn in NT Dollars on a bank operating in Taiwan. Please see the attachment - The Bank Transfer Information.

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1. DECLARATION

**The Competency Demonstration Report submission MUST include the applicant’s endorsement of the following Declaration:**

All statements of fact in this report are true and correct, and I have made claims of acquired competencies in good faith.

I also understand that documentation submitted in support of my application may be referred to the IEET for integrity checking.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(DD/MM/YY):\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

1. APPOINTMENT OF A PERSON TO ACT AS AGENT

**If you are using an Agent, then you must complete this part of the form. Otherwise, leave blank.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name) of (address): \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_

State/Territory/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on(DD/MM/YY):\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ agree to the following person acting on my behalf in relation

to my application for assessment.

**Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(DD/MM/YY):\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agent’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent’s Registration Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. APPLICANT’S CHECKLIST

□Purpose of application □Full name and date of birth given

□Correct address □Educational background

□Professional qualification □General Experience

□Compulsory documentation □Payment enclosed

□Declarations signed □Agent’s information

Note: Documents submitted will **NOT** be returned.

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| Contact for Assistance: | IEET (中華工程教育學會)  Tel: +886 2-2585-9506 # 22  Fax: +886 2-2585-6696  Email: kevinc@ieet.org.tw | Address for Lodgment: | IEET (中華工程教育學會)  7F, No. 554, Linsen North Rd, Zhongshan District, Taipei City 10453, Taiwan  (104臺北市林森北路554號7樓) |