**Kaohsiung Medical University**

**Overseas Faculty - Application Form for Life Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Chinese)** |  | | **Gender** |  |
| **Name (English)** |  | | **Employee ID No.** |  |
| **E-mail** |  | | **Extension/Phone** |  |
| **College** |  | | **Department** |  |
| **Applicant category** (Checked by the OGA) | □ Proactively initiating a case discussion　□ Application form case by mail  □ Referral case | | | |
| **Assistance Matters** | | | | |
| A. Job, Education  □ A-1 Problems using the WAC system  □ A-2 Problems using the equipment and materials | | B. Health insurance, Medical  □ B-1 Apply for a National Health Insurance (NHI) card  □ B-2 Other clinics near the campus | | |
| C. Residence, Life-related, Tax  □ C-1 Applying for the affiliated kindergarten  □ C-2 Rental subsidy, rental information  □ C-3 Apply for a car driving license  □ C-4 Apply for a scooter driving license  □ C-5 Renew driving license  □ C-6 Apply for banking account information  □ C-7 Income tax declaration   * C-8Applying for Bills (e.g., Credit Card,   Telecommunication, NH I, Water Bill,  Gas Bill, Vehicle Fuel, E-Tag Top-up) | | D. Visa, residency, immigration  □ D-1 Visa expiration and re-issuance  □ D-2 Extending the stay for a visiting family member in Taiwan  E. Transportation, religion, emergency contact  □ E-1 How to get to Kaohsiung International Airport  □ E-2 Places of worship related to my religion  (*please specify*): | | |
| F. Other (Detailed description) | | | | |

\*After completing the form, please submit it to the Office of Global Affairs

**Personal Data Declaration**

To assist overseas faculty in adapting to life in Taiwan and handle related application procedures, Kaohsiung Medical University must collect your data, including your name, phone number, and other identification documents (Identification Category: C001 - Identifiable Individuals). This data will be used for guidance, verification, and contact within Taiwan. If any fields are left blank when collecting your data, it may affect your application for assistance.

If you wish to exercise your rights under Article 3 of the Personal Data Protection Act, please get in touch with the Office of Global Affairs at our university. Once the form is completed, the Office of Global Affairs will verify the application form and match you with a life mentor, creating a case record. Our office will email the applicant four weeks after the guidance assistance to conduct a follow-up and generate an improvement record.

I have thoroughly read and fully understand the above notification. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_