

# 第二十二屆身心障礙領導人才赴日培訓計劃招募簡章

## 壹、培訓說明

### 一、培訓目標：

此培訓計畫旨在培養身心障礙領導人才，提供培訓者於日本各地研修社會福利政策、法規與設施等相關課程。期待入選者於一年後學成歸國，將相關學識與經驗帶回台灣，成為推動殘障福利之領導人物，為台灣身心障礙者創造更美好的生活環境與未來。

### 二、推動單位

- (一) 招募活動推動與說明：樂清服務股份有限公司
- (二) 初審、複審及計畫承辦單位：日本殘障振興協會
- (三) 主辦單位：日本公益財團法人DUSKIN愛心輪基金會 <http://www.ainowa.jp/>

### 三、招募對象

亞洲太平洋地區(不含澳洲與紐西蘭)，每期10名，台灣招募人數1名。

### 四、培訓地點

日本各地，包括身障復健中心、教育機構及志工組織等社福研究機構

## 貳、招募報名：

### 一、報名資格

- (一) 年齡限制：18-29歲之身心障礙人士（含身障、聽障、視障等障別）
- (二) 工作及教育要求：無特殊限制
- (三) 語文能力：具備日語、英語、手語(日式或美式) 任一溝通能力，日文為主要溝通語言。
- (四) 具服務社會目標：申請人須具備成為身障資格及推動相關福祉之意願，  
並有能力擬定個人培訓計畫
- (五) 自力生活能力：於日本接受10個月之培訓，並在無他人協助下照顧自身日常生活所需
- (六) 風險承擔能力：申請人若獲得赴日研修機會，須提供親屬等保證人推薦；  
並需承擔日本生活可能發生之風險。

### 二、研修內容

- (一) 語言學習：赴日後最初三個月提供日語或日式手語教學，培育日後研修對話溝通能力。
- (二) 共同研修：身障者政策、運動的歷史與現況，身障者相關之社會環境、教育、雇用、社會服務相關課程與參訪，理解日本身障福利現況。此外研修生也可與其他研修生或日本相關人士進行意見交換與經驗分享，提升領導能力技能。也有安排企劃書製作與簡報技巧、報告寫作方法等技能課程。
- (三) 個別研修：依研修生的興趣，安排日本各地相關設施與團體進行體驗研修。
- (四) 身障相關活動與日本文化體驗：透過參加各種講座、運動大會等，在學習身障領域知識的同時與相關人士交流。此外，為提供日本文化體驗，也會安排寄宿家庭生活。

### 三、報名方式

- (一) 一律採通信報名，請於報名網頁下載報名表，用英文或日文完成資料填寫。
- (二) 申請書請以英文或日文清楚書寫。
- (三) 申請書可電郵至：[duskin\\_training@dinf.ne.jp](mailto:duskin_training@dinf.ne.jp)，或郵寄至下方地址：  
Secretariat for the Duskin Leadership Training in Japan c/o JSRPD  
1-22-1 Toyama, Shinjuku-ku, Tokyo 162-0052 JAPAN  
※電郵如有附件或圖檔，大小請不得超過2M。
- (四) 不接受傳真報名，申請書繳交後概不退還，僅供此招募計畫參考，不作其他用途。
- (五) 詳細說明請參照：<http://www.normanet.ne.jp/~duskin/english/apply/application.html>

### 四、報名截止日：

2019年8月8日（以郵戳為憑）

### 五、甄選流程

- (一) 書面審核：審核委員依申請書進行書面審核。
- (二) 面試通知：主辦單位會個別連絡書面審核通過報名者，並在台灣安排面試或拜訪，確認申請者是否適合研修。
- (三) 決選通知：最後決選結果將於2020年五月前由主辦單位正式通知。
- (四) 主辦單位無法公開或告知申請流程中的進度狀況，敬請見諒。

### 六、研修費用

- (一) 主辦單位負擔費用：
  - 1. 研修期間的交通費：台灣日本來回機票與日本國內移動所有交通費用
  - 2. 赴日所需申辦文件費用如護照、簽證等
  - 3. 研修相關學費與活動費用
  - 4. 當地生活費與保險費
- (二) 非上述之費用之其他費用，由研修生自行負擔。

### 七、連絡諮詢：如有任何疑問您可以與以下單位連絡諮詢

➤ 樂清服務股份有限公司

新北市新北產業園區五權三路22號3樓

電話：22996760分機557 陳先生

Email：[dearly1988@duskin.com.tw](mailto:dearly1988@duskin.com.tw)

➤ Secretariat for the Duskin Leadership Training in Japan

c/o Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)

1-22-1 Toyama, Shinjuku-ku, Tokyo 162-0052, Japan

Telephone: +81-3-5273-0633

Email: [duskin\\_training@dinf.ne.jp](mailto:duskin_training@dinf.ne.jp)



# NOT FOR SALE

Please carefully read the Application Guidance before completing this form.

Type or handwritten clearly, and do not exceed the space provided for each section.

Deadline is  
August 8, 2019 !!

Note: Please type or handwritten clearly and tick appropriate boxes that should appear as ☒.

(FOR OFFICE USE ONLY: Registration Number )

## The 22<sup>nd</sup> Duskin Leadership Training in Japan A Program for Persons with Disabilities in Asia and the Pacific (2020)

<b>1. Name</b>	
<i>First (given) name(s)</i> <i>Middle name</i> <i>Second (family) name</i>	
In your native language: _____ / _____ / _____	
In English alphabet: _____ / _____ / _____	
<b>2. Sex</b>	<b>3. Date of Birth</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Year      Month      Day _____ / _____ / _____      Age: _____ (as of August 8, 2019)
<b>4. Contact details</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other (please specify: _____ )	
Postal address: _____ _____ Country: _____	
Telephone: _____ Fax: _____	
Mobile phone: _____ Email: _____	
<b>5. Type of disability</b>	
<input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental <input type="checkbox"/> Other (please specify: _____ )	
<b>6. Nationality</b>	<b><u>Attach your photo here</u></b>  A photo must show your face and entire body. It must have been taken in the past 3 months.  If you are applying by post, please write your full name on the back of the photo.  If you are applying by email, please send your photo as a separate attachment.
<b>7. Native language (mother tongue)</b>	
<b>8. Religion</b>	
<b>9. Marital status</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married	

<b>10. What do you do?</b>	
<input type="checkbox"/> I am a student <input type="checkbox"/> I work <input type="checkbox"/> Other (please specify : _____ )	
<b>If you are a student, please provide details of your institution:</b>	
Name of your School/College/Institution :	
Address :	
Your school Year/Grade:	
Your major :	
When do you expect to graduate?	
<b>If you have employment or any other kinds of work, please provide details below.</b>	
Your organization type:	<input type="checkbox"/> NGO <input type="checkbox"/> Public administration/government <input type="checkbox"/> Private firm/institution <input type="checkbox"/> Other type of institution <input type="checkbox"/> Self-employed <input type="checkbox"/> Family-run business <input type="checkbox"/> Freelance <input type="checkbox"/> Other (details: _____ )
Your status:	<input type="checkbox"/> Paid staff <input type="checkbox"/> Unpaid staff/Volunteer <input type="checkbox"/> Intern/Trainee <input type="checkbox"/> Other (details: _____ )
Name of Your Employer (Organization/Company):	
Address :	
Telephone :	
Fax :	
Website:	
Email:	
Describe specialty of your organization and its main business :	
Describe your job details including your present title :	

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as ☒.

### 11. Do you belong to any organization of/for persons with disabilities?

☐ No, I don't belong to any organization. ☐ Yes, I belong to the following organization.

Name of the organization :	
Address :	
Telephone:	
Website:	
Email:	
Its purpose and activities:	
How are you affiliated with this organization? (tick an appropriate box)	<input type="checkbox"/> Staff <input type="checkbox"/> Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Service user <input type="checkbox"/> Other
Describe your involvement:	

### 12. Education

#### A.University/ School

Give the name of the institution from which you graduated, your degree/major and completion date. Please exclude information that you have already mentioned in Section 10.

Name	City/Country	Attended From (Month/Year)	Attended To (Month/Year)	Degree, Certificate or Diploma

#### B.Training/Seminar

List training courses and seminars etc. that you have attended and qualifications that you hold.

Name	City/Country	From (Month/Year)	To (Month/Year)	Certificates obtained

### 13. Work Experience

Please exclude information that you have already mentioned in Section 10.

Name of employer/ organization	Description of organization	From (Month/Year)	To (Month/Year)	Title, duties and responsibilities



Note: Please type or handwrite clearly and tick appropriate boxes that should appear as ☒.

**14. Reason for applying : Why do you want to participate in this training program?**

**15. Your training plan : What do you want to learn in Japan?**

**16. Your future plan : What will you do after training?**

## 17. Your disability

What is the name of your disability? \_\_\_\_\_

Please describe details about your disability including medical records.

Do you require any assistance in your daily life? ☐YES ☐NO

If YES, please tick all appropriate boxes below:

- Aids: ☐Electric Wheelchair ☐Manual Wheelchair ☐Crutches ☐Guide dog  
☐White cane ☐Other (please specify: \_\_\_\_\_)

- Personal Assistant: ☐Full-time ☐Part-time

→ ☐Mobility ☐Transferring ☐Eating ☐Cooking ☐Cleaning ☐Clothing ☐Toileting  
☐Bathing ☐Other (please specify: \_\_\_\_\_)

Give any additional information which would help us to understand your disability and condition:

## 18. Do you have a dietary, medical or any other restriction in your daily life due to your religion or health condition?

**19. Describe your personal history.**

**20. What are your hobbies and interests?**

**21. Have you traveled abroad before?** Give details of any travel experience abroad (e.g., study, training and holidays), including its destination, duration and purpose.

**22. How did you learn about this program and where did you get this application form?**



Note: Please type or handwrite clearly and tick appropriate boxes that should appear as ☒.

**23. Your language skills –** Circle a number that indicates your level on each scale bar.

**ENGLISH**

Speaking: None Basic communication Everyday conversation Business level Native level  
1 2 3 4 5

Listening: None Basic communication Everyday conversation Business level Native level  
1 2 3 4 5

Reading: None Some words Simple sentences Short stories Newspapers  
1 2 3 4 5

Writing: None Some words Simple sentences Short essays Business reports  
1 2 3 4 5

**JAPANESE**

Speaking: None Greetings Basic communication Everyday conversation Business level  
1 2 3 4 5

Listening: None Greetings Basic communication Everyday conversation Business level  
1 2 3 4 5

Reading: None Some letters Simple sentences Short stories Newspapers  
1 2 3 4 5

Writing: None Some letters Simple sentences Short essays Business reports  
1 2 3 4 5

Do you use or understand any of the followings? Please tick all appropriate boxes below.

Braille: ☐ Native language ( ) ☐ English (Grade ) ☐ Japanese  
☐ Other (please specify: )

Sign language: ☐ Native language ( ) ☐ ASL ☐ International  
☐ Japanese ☐ Other (please specify: )

Lip-reading: ☐ Native language ( ) ☐ English ☐ Japanese  
☐ Other (please specify: )

If you have any other communication skills, please describe below :

**24. Referee information** – Give the name and contact details of your referee.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**25. Surety information** – Give the name and contact details of your surety.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**26. Who completed this application form?**

☐ I completed this form by myself.

☐ I got help – please give details on the person who completed this form on behalf of you.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for assistance: \_\_\_\_\_

**27. Have you applied for this program before?**

☐ Yes, I applied in 20 \_\_\_\_\_

☐ No, this is my first time applying.

**28. Declaration statement by the applicant**

*"I hereby certify that all the information stated above is true, correct and complete."*

Your signature (or type your name): \_\_\_\_\_ Date: \_\_\_\_\_