



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

非本地實習計劃- 學生及家長/法定監護人同意書
Non-Local Internship Programme
Student and Parent/Legal Guardian Consent Form

學生姓名 (中文) Name of Student (Chinese)		學生姓名 (英文) Name of Student (English)	
學生證號碼 Student ID			
實習主辦方 Internship Organizer	中國科協青少年科技中心		
實習地點 Internship Destination	中國廣東省東莞市		
離澳日期 Departure Date			
返澳日期 Return Date			
父母/法定監護人姓名 Name of Parent/Legal Guardian		與學生之關係 Relationship	
父母/法定監護人之聯絡電話 Contact Number of Parent/ Legal Guardian			

本人確定參加以上由主辦方安排的非本地實習計劃及承諾將自行完成以下事項：

I confirm to participate in the above Non-Local Internship Programme arranged by the organizer and will complete the following tasks:

1. 安排交通及購買旅遊保險 Arrange transportation and purchase travel insurance
2. 出席出發前簡介會及提交所需文件予學生事務部 Attend pre-departure briefing and submit required documents to SAO
3. 於計劃結束後提交實習報告表予學生事務部 Submit the internship report to SAO after the programme
4. 於出發前完成接種最少兩劑新冠病毒疫苗並提交相關接種之證明。如實習開始日期距第二劑接種日期已超過六個月，需要在實習開始前接種第三劑新冠病毒疫苗。如因未能出示疫苗證明，將無法參加實習並需繳交澳門元壹千五百元之缺席費。 Complete at least two doses of COVID-19 vaccinations. Third dose of COVID-19 vaccination must be taken if the internship start date is six months away from date of the second dose of COVID-19 vaccination. Students who fail to provide the proof of vaccination will not be able to participate in the internship programme and must pay an **absent fee of MOP1,500**

本人會密切留意澳門特別行政區衛生局之抗疫專頁以獲取最新防疫資訊及嚴格遵守相關防疫指引，特別是(但不限於) 以下的指引：

I will pay close attention to the Special Webpage against Epidemics of the Health Bureau of the Macao SAR Government for the most updated information and strictly follow the prevention guidelines, in particular (but not limited to) the following:

1. 各地新型冠狀病毒傳播風險等級 - "The Risk Level of SARS-CoV-2 Transmission in Different Countries and Areas"
2. 乘搭飛機的建議 - "Advice on Air Travel"
3. 由內地經海路訪澳人士防疫要求和注意事項 - "Anti-epidemic Requirements and Important Notes for Passengers Arriving in Macao from the Mainland by Sea"
4. 由內地經澳門機場訪澳人士防疫要求和注意事項 - "Anti-epidemic Requirements and Important Notes for Passengers Arriving in Macao from the Mainland via Macao International Airport"
5. 新冠病毒陰性檢測證明要求 - "Requirements on Proof of Negative SARS-CoV-2 Test"
6. 給在中、高風險國家或地區生活、工作和就學的本澳居民之建議 - "Advice for Macao Residents Living, Working or Studying in medium to high risk countries/ areas of COVID-19"

因受新型冠狀病毒(COVID-19)疫情影響，本人知悉參加以上非本地實習計劃之相關風險及將自行承擔一切責任和後果，包括(但不限於)：

In consideration of the Novel Coronavirus (COVID-19) pandemic, I acknowledge that there are risks of my participation in the above non-local internship programme and will be fully responsible for all the consequences, including (but not limited to) the following:

1. 大學及實習主辦方有權因應疫情取消或更改相關計劃
The University of Macau and the internship organizer have the right to adjust or cancel the internship programme according to the COVID-19 pandemic situation;
2. 如因疫情而被強制隔離或接受醫學觀察將不獲安排網上授課，本人亦會密切留意註冊處/研究生院於新學年所公佈之教學安排
Online classes will NOT be arranged if I undergo mandatory isolation/medical observation due to the pandemic and I will pay close attention to the teaching arrangement announced by Registry and Graduate School for the new semester;
3. 本人將承擔因受疫情影響而產生的所有費用，包括但不限於：醫療、強制隔離或醫學觀察、交通、住宿、膳食等

I will bear all expenses resulting from the COVID-19 pandemic, including but not limited to medical treatment, mandatory isolation, medical observation, travel, accommodation, meals, etc.;

4. 如需透過參加實習計劃以滿足學院課程的要求，本人將聯絡相關學院及指導老師尋求指引及建議

If I need to fulfill the academic requirement through the participation of the internship programme, I will contact relevant Faculty and instructor for guidance and advices;

5. 除非本人能提供合理理由並獲學生事務部批准，如在提交此同意書後退出實習計劃、沒有完成計劃、或沒有按時提交實習報告，需繳交澳門元壹千五百元之缺席費。

After submitting this consent form, if I withdraw from the programme, do not complete the programme, or do not submit the internship report by the submission deadline, I will have to pay an **absent fee of MOP1,500**, unless my justifications are approved by the Student Affairs Office.

學生簽名

Signature of Student

日期

Date

本人了解上述實習計劃之安排，明白相關的潛在風險，並同意讓本人子女/受監護人參加有關實習計劃。本人及子女/受監護人亦將承擔一切責任和後果。

I understand the arrangement of the abovementioned internship programme and the potential risks, and agree for my son/daughter/ward to participate in the programme. I and my son/daughter/ward will be fully responsible for all the consequences.

父母/法定監護人簽名

Signature of Parent/ Legal Guardian

日期

Date