

中国教育国际交流协会

际协〔2018〕89号

关于2018年中国教育国际交流协会 AFS 丹麦国际暑期学院项目的遴选通知

有关单位：

为加强中丹两国教育交流，提升高校学生跨文化理解与交际能力，我会拟选拔10名高校学生赴丹麦参加2018年国际暑期学院项目，进行为期四周的跨文化学习与实践活动。现将有关事项通知如下：

一、项目概况

（一）项目时间

2018年7月15日-8月11日

（二）项目内容

1. 入读丹麦 Vraa Højskole 学校，课程以跨文化交际为主题，内容主要涵盖油画、素描、陶瓷、珠宝设计、摄影、影视编导等文创领域，课堂采用全英文授课；
 2. 丹麦语课程；
 3. 赴瑞典哥德堡文化旅行；
 4. 参加学校组织的以能源、环保、生态环境等为主题的文化
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体验活动及多种文艺活动。

(三) 食宿安排

入住接待学校，三餐由丹麦学校餐厅供应；

(四) 申请要求

1. 热爱祖国、遵纪守法、具有良好的思想品德；
2. 身心健康、具有良好的心理素质和环境适应能力；
3. 具备较强的英语交际能力；
4. 年龄 18-30 周岁；
5. 独立生活能力强，具备较强的人际交往和团队协作能力。

(五) 项目费

项目费 20,000 元，由项目参加者个人承担，其中包含：

1. 国际医疗保险；
2. 国际暑期学院课程学费；
3. 项目期间食宿；
4. 丹麦学校组织的文化旅行；
5. 跨文化理解和文化适应性培训；
6. 项目期间活动产生的交通费；
7. 项目管理支持费用；
8. 24 小时风险管理。

费用不包括：

1. 国际往返机票；

2. 个人护照、签证申请等费用；
3. 零花费等个人开支。

二、Vraa Højskole 学校概况

Vraa Højskole 学校是丹麦著名的民众高等学校。民众高等学校是丹麦文化的独特产物，是丹麦素质教育的主要形式之一，被称为“丹麦人的精神家园”。学校注重精神引导的办学理念，强调灵活实用的教学形式，旨在培养学生自我提升能力和综合素养，增强社会责任感，为学生今后的就业和生活打下良好基础。

三、选拔程序

（一）提交申请材料

1. 中英文申请表

请被推荐人选按要求认真填写中、英文申请表格，所填信息应实事求是，内容充实。中文申请表学校意见栏中需填写所在院系或国际交流合作处负责人意见，并盖章。

2. 英文个人陈述

要求写明希望参加国际暑期学院项目的原因、期待的收获以及个人优势等。

（二）电话面试

我办将为材料通过审核的项目参加者安排电话面试，考察学生英语口语水平、跨文化交际思维及意识等内容，具体时间另行通知。

请各校于 2018 年 5 月 10 日(星期四)前完成报名汇总工作，
将申请人材料电子版报送至我会。

联系人：孙馨、胡倩

电话：010-66416582 转 808、820

传真：010-66414056

邮件：afs_18plus@126.com

附件：1. AFS 国际文化交流项目简介

2. 项目中文申请表

3. 项目英文申请表

4. 2018 年丹麦国际暑期学院项目行程说明（英文）

中国教育国际交流协会秘书处

中外师生交流项目办公室

二〇一八年三月二十六日



附件 1

AFS 国际文化交流项目简介

AFS 成立于 1914 年，总部设在美国纽约，是以各国中学生、大学生和教师的教育、文化交流为主体的国际文化交流项目。在一百年的历史里，AFS 以促进全球对话、推动世界和平、培养具有国际视野和跨文化交流能力的未来领袖为主旨，以住家和学校交流为主要交流方式，在全球拥有 59 个伙伴组织，超过 2,300 个双边国际交流项目，在 110 个国家和地区开展，项目总人数累计超过 460,000 人，为当今世界培养了一批批杰出的青年人。

1981 年，教育部与 AFS 开展合作，并委托中国教育国际交流协会负责执行 AFS 国际文化交流项目。在三十多年的时间里，我会在全球与近 40 个国家和地区的伙伴组织、在中国国内与 20 多个省市教育单位及上百所中学、大学合作开展 AFS 项目，项目人数总计超过 5,000 人。

AFS 国际文化交流项目主要选拔优秀中学生、大学生以及教师赴国外参加为期一学年、一学期或者短期的国际教育、文化交流。被 AFS 录取的学生会在每年秋/春季抵达国外，根据不同的项目安排，入住当地志愿者接待家庭，就读于当地中学（中学生）、在当地中小学担任汉语语言助教或不同领域的专业机构进行志愿者服务（大学生），同时与当地学生以及来自世界其他国家和地区的 AFS 国际学生一起学习语言、文化和基本课程，并参加各种 AFS、学校以及接待家庭组织的活动，在项目过程中锻炼自己的独立以及适应新环境的能力。成功完成 AFS 项目的学生会通过这段经历形成更加良好、完善的世界观，扩展自己的国际视野，为以后的学业和职业发展打下良好的基础。



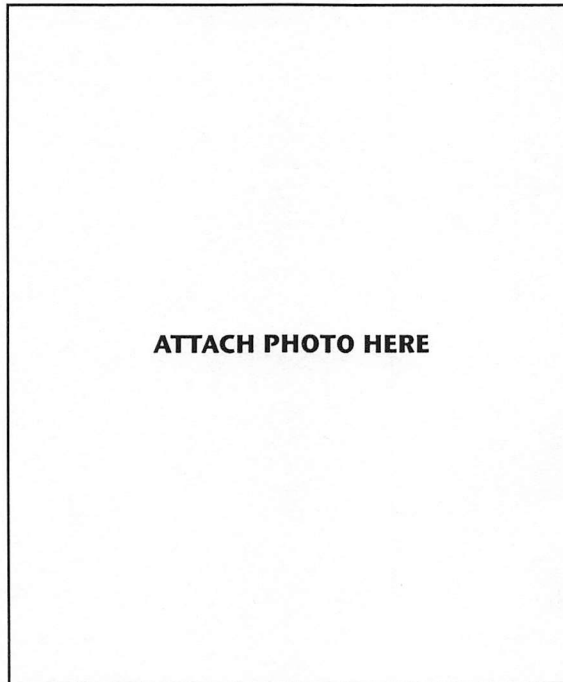
AFS 国际文化交流项目

丹麦国际暑期学院申请表

姓 名		性别		民族		贴照片处 (2 寸彩色证件 照片)
拼 音		出生日期	年 月 日			
出生地		身份证号				
学 校						
专业及届别						
手机						
学校地址					邮编	
学校联系人		电 话		传真		
学校联系人 电子邮件	@					
家庭地址					邮编	
电子邮件						
护照号码				护照有效期		
父亲姓名				联系电话		
母亲姓名				联系电话		
有无饮食禁忌				是否晕车		
有无宗教信仰				是否有过敏经历		
第一外语		学习时间		水平		
第二外语		学习时间		水平		
申请人	我保证以上内容均属实。					
	签字: _____ 年 月 日					
派出学校意见						
	签字: _____ 年 月 日 (盖章)					



Candidate Application



ATTACH PHOTO HERE

(Ms.)(Mr.) First name Middle name Last name Birthdate: day/month(spell word)/year

Home city Home state/province Home country AFS sending organization

For office use only

AFS ID# Program applying for



1 Basic Personal Information

FOR OFFICE USE **AFS ID#**

1 CANDIDATE'S LEGAL NAME

(Ms.)(Mr.) First name _____ Middle name _____ Last name _____ Preferred name/nickname _____

2 ADDRESS FOR MAILING PURPOSES

Street/P.O. Box _____ Zip/Postal Code _____

City & State/Province _____ Country _____

Telephone _____ Email address _____

Fax _____ Birthdate: day _____ month (spell word) _____ year _____

3 FOR VISA PURPOSES

City of Birth _____ Country of Birth _____

Country of Citizenship _____ Country of Legal Residence _____

Passport Number (if known) _____ Passport Issue Date _____

Place/Office of Passport Issue _____ Passport Expiration Date _____

4 INFORMATION ABOUT THE PEOPLE WITH WHOM I LIVE

I live with: Father Mother Stepfather Stepmother Guardian Other than Parent

Who is your custodial parent? Please circle. (If more than one, circle both).

For Adult Programs - Additional options: Spouse Independent Other _____

5 INFORMATION ABOUT PARENT(S)/GUARDIAN(S) WITH WHOM I LIVE

Father/Stepfather/Guardian

Legal name: First Name _____ Last Name _____ Business and/or Mobile Phone _____

Year of Birth _____ Country of Birth _____ Occupation _____ Employer _____ Email _____

Mother/Stepmother/Guardian

Legal name: First Name _____ Last Name _____ Business and/or Mobile Phone _____

Year of Birth _____ Country of Birth _____ Occupation _____ Employer _____ Email _____

6 CONTACT DETAILS OF ANY NATURAL PARENT WITH WHOM I DO NOT LIVE

Legal name: First Name _____ Last Name _____ Business and/or Mobile Phone _____

Year of Birth _____ Country of Birth _____ Occupation _____ Employer _____ Email _____

7 EMERGENCY CONTACT

If your Parent/Guardian cannot be reached, please indicate someone else in your community whom we can contact:

First Name _____ Last Name _____ Relationship _____ Telephone Numbers (home, work, mobile) _____

8 NAMES AND BIRTHDATES OF BROTHERS AND SISTERS

9 AFS CONNECTIONS

Has your family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS? Yes No _____

Participated on an AFS program? Yes No _____

Any close friends or relatives living abroad? Yes No _____

Have you participated in any other exchange program, traveled abroad or lived in another country? Please provide details. _____



2 Placement Information

FOR OFFICE USE **AFS ID#**

1 CANDIDATE NAME

(Ms.) (Mr.) First name Middle name Last name Home country

2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities? Yes No If yes, please explain:

Please check the appropriate boxes if you CANNOT live with: Cats Indoors? Outdoors? Dogs Indoors? Outdoors? Other pets Indoors? Outdoors? If you checked boxes for other pets, please explain:

3 DIETARY REQUIREMENTS

Do you have dietary restrictions, including for medical, religious or self-imposed reasons? Yes No

If yes, please explain:

If you are a vegetarian, are you willing to eat: Fish Poultry Dairy products

4 RELIGION

What is your religious affiliation, if any? (Optional)

How often do you participate in structured religious services? Weekly Monthly Occasionally Never

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith? Required Not necessary

5 SMOKING

Do you smoke cigarettes? Yes No

In some cultures it is more difficult to find placements for cigarette smokers. Given this, smokers should please choose one of the following: I will smoke in my host family's house. I will not smoke in my host family's house.

6 INTERESTS AND ACTIVITIES

Identify your major interests and activities, and indicate how often you pursue them.

7 LANGUAGES

Native language

Language proficiency (for languages other than your native language):

Language _____ Years studied _____ Speaking ability: Poor Fair Good Excellent

Language _____ Years studied _____ Speaking ability: Poor Fair Good Excellent

Language _____ Years studied _____ Speaking ability: Poor Fair Good Excellent

8 COMPLETED EDUCATION

For Secondary School Programs: Please list the month and year in which you will complete your secondary studies: Month _____ Year _____

For Adult Programs: Please indicate the highest level of completed education: _____

DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

Candidate Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in country of residence.)



3a Health Certificate

FOR OFFICE USE

AFS ID#

To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered with a detailed explanation included or attached in a separate report for "YES" responses to questions 3-9, 11-13. AFS reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent/guardian must also sign.

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home Country Birthdate

1 Height _____ Weight _____ B/P _____ Pulse _____ Respiration _____

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration? Yes No If yes, explain _____

3 CHECK YES OR NO. HAS THE CANDIDATE HAD THE DISEASES / CONDITIONS LISTED BELOW:

	YES	NO	IF KNOWN:		YES	NO
a) Measles	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	h) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
b) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	i) Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
c) Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	j) Headaches (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
d) Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		k) Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
e) Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		l) Enuresis	<input type="checkbox"/>	<input type="checkbox"/>
f) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		m) Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		n) Parasites (internal)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give detailed information and dates (use extra pages if necessary): _____

4 ACNE Yes No If yes, identify area, severity, any medication taken, name, dosage & frequency: _____

5 ALLERGIES Yes No If yes, identify type, any medication taken, name dosage & frequency: _____

6 ASTHMA Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

7 DIABETES Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

8 SEIZURE DISORDER Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

9 HAS THE CANDIDATE EVER HAD ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils nose or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, ear/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain (use extra pages, if necessary) _____

10 HAS THE CANDIDATE BEEN HOSPITALIZED?

Yes No If yes, give dates, diagnosis and outcome for each incident. _____



3b Health Certificate

FOR OFFICE USE

AFS ID#

Candidate Name (First/Middle/Last)

Home Country

- 11** Is the candidate currently taking medication or injections (other than those mentioned previously)? Yes No
If yes, identify the medication, reason for usage, dosage and frequency: _____
- 12** Has the candidate EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? Yes No
- 13** Is there a history of, or present evidence of, an emotional, nervous or eating disorder? Yes No
If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.
- 14** Are there any health limitations or restrictions on the candidate's activities and / or sports participation or any medical information which should be considered for a home/school placement? Yes No If yes, please describe: _____
- 15** Does the candidate wear glasses or contact lenses? Yes No
- 16** What was the date of the candidate's last dental check up? _____
Does the candidate wear dental braces? Yes No
If yes, will orthodontic care be needed while on the program? Yes No Frequency? _____

17 CANDIDATE HAS HAD THE FOLLOWING IMMUNIZATIONS, PLEASE SPECIFY EXACT DAY, MONTH AND YEAR:

	YES	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR
Measles	<input type="checkbox"/>	_____	_____	_____	_____	_____
Mumps	<input type="checkbox"/>	_____	_____	_____	_____	_____
Rubella	<input type="checkbox"/>	_____	_____	_____	_____	_____
Diphtheria	<input type="checkbox"/>	_____	_____	_____	_____	_____
Pertussis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tetanus	<input type="checkbox"/>	_____	_____	_____	_____	_____
Poliomyelitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
BCG	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hepatitis B	<input type="checkbox"/>	_____	_____	_____	_____	_____
Other	<input type="checkbox"/>	_____	_____	_____	_____	_____

TB Test Which type (circle one) Mantoux or Tine Date: _____ Result (+/-)
If positive, was chest x-ray done? Yes No Date: _____ Result (+/-)

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on Form 3A and 3B, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Physician Name and Degree

Signature

Address

Date

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on Form 3A and 3B is correct and complete and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____



Self Permission Form

PL ID# _____

Name of participant Date

AFS Program of participation

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

I understand that photographs and film and video footage (the "images") of current and former participants are occasionally used by AFS in promotional materials. By signing this Agreement, I grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of me taken during my involvement with AFS and to use my name in this connection. I understand that if I do not wish my images to be so used, I must mark the following box and initial the space beside it. By leaving this box blank, I understand that I will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS to use such letters, images & audio recordings of yourself.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any medical emergency arise, if time permits, AFS will communicate with the person(s) I have designated below as the emergency contact(s) through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with them, I authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

I am aware that some local government may require certain vaccinations in order for myself to participate in community responsibilities. I understand that I am responsible for any costs related to these requirements.

AUTHORIZATION FOR RELEASE OF MEDICAL TREATMENT

I hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for me while I am on the program and any other information concerning such examinations or treatments..

AGREED AND ACCEPTED:

Signature of participant

Name of emergency contact Relationship

Work phone Home phone

Address

International Summer College

- Have a unique experience of a Danish Folk College “the AFS way”



AFS in Denmark is pleased to invite young people (aged 18 – 30) to spend 4 weeks at Vraa Hoejskole (a Danish Folk College) strengthening their intercultural competencies, meeting young people from all over the world, learning about Danish culture and language and engaging in a variety of activities.

Program description

- You will fly to Aalborg Airport where you will be met by a representative of Vraa Hoejskole who will take you to the college where you will be given a brief on-arrival orientation.
- You will both study, live and eat at Vraa Hoejskole, and in that way enjoy the vibrant and socially engaging life at the Folk College. At the same time you will have the opportunity to experience the unique concept of informal learning taking place at Danish folk colleges. The Vraa Hoejskole has a strong focus on healthy well-prepared food and 60% of all food served at the college is organic.
- In the daytime you will learn about Denmark and Danish culture and language, engage in creative subjects of your own choice (such as painting, drawing, ceramics, jewellery and photography) and take part in excursions to places of cultural significance.
- You will also have the opportunity to go on study trips to local organizations and areas.
- Together with the Danish participants also taking part in the program you will visit Göteborg in Sweden.
- In the evenings you may choose to immerse yourself in creative activities using the many facilities of the college, take part in lectures or discussion groups with your fellow students, engage in intercultural activities, or just relax and have a good time (perhaps enjoying the popular bonfires in the college garden).
- In the weekends you will be invited to take part in excursions to other parts of Denmark, go to the local beach or just enjoy the long Danish summer days and bright evenings in the company of your fellow students.
- ... and last but not least you have the possibility of extending your stay there until Christmas as an independent student!



Program period

15th July to 11th August 2018

Participant profile

As a participant in this program you should:

- be motivated to go abroad and open to new experiences
- be mature and independent enough to take part in an 18+ (adult) program
- be prepared to actively engage yourself in the many activities taking place at the folk college as you will spend most of your time at the school
- as a minimum have basic English skills
- be aged between 18 and 30 years

Learning aspects

- All education and interaction are in English, and you will, therefore, improve your command of English considerably.
- As you will live and study alongside students from all over the world, you will develop your intercultural competencies.
- You will get an understanding of Danish and Northern European culture.
- You will experience of new ways of adult learning through interactive dialogue.
- You will expand your knowledge of your chosen subjects.
- You will have plenty of opportunity to grow in self-knowledge and develop your own talents.
- Finally a stay at a folk college will also give you a unique opportunity to become clearer about what you want to study in future.

What is a Danish Folk College?

The Danish Folk Colleges offer non-formal adult education. You sleep, eat, study and spend your spare time at the college.

Classes are based on dialogue and mutual learning between teachers and students. The main focus is to discover and strengthen the unique skills of each student in a challenging yet supportive social atmosphere.

The folk college experience offers you a host of opportunities to grow in self-knowledge and to develop your own talents.

One important arena for learning is the college's social life. Living with other people of totally different backgrounds and cultures provides opportunities for training in working together and communication. The true value of a folk college stay lies in the interaction between different people, different cultures, different opinions, and different values.

You can read much more about Danish folk colleges at <http://www.danishfolkhighschools.com/about>

Interested in more information?

For more information please contact your local AFS office or check out the website of Vraa Højskole at: <http://www.vraahojskole.dk/> (click on English in the top menu)

