附件一

健康照护师报名登记表(网上报名)

报名时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | 性 别 | | | | | |  | | | | | | | | | 照 片 |
| 民 族 |  | | | | | | | | 政治面貌 | | | | | |  | | | | | | | | |
| 身份证号码 |  |  | |  | |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  |  |
| 出生年月 |  | | | | | | | | 文化程度 | | | | | | | | |  | | | | | |
| 联系电话 |  | | | | | | | | | | | | 微信号 | | | | | | | | | | |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 现持有职业资格证书 | | | | | 级 | | | | | | | | | | | | 从事本职业年限 | | | | | |  | |
| 工作学习简历（培训情况） | | |  | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | |  | | | | | | | | | | | | | | | | | | | | | |

注：请将此报名表发送至邮箱：[hkzdhljys@163.com。](mailto:hkzdhljys@163.com。)

河南科技职业大学 制