附件1

四川大学华西第四医院专科护士培训申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | 性别 | |  | | | 年龄 | | |  | | | 民族 | | |  | | 贴  照  片  处 |
| 籍贯 | | 省 市（县） | | | | | | | | | | | | | 学历 | | | |  | | | |
| 健康状况 | | |  | | | 职称 | |  | | | 个人电话 | | | | |  | | | | | | |
| 工作单位 | | |  | | | | | | | | | | | 护理部电话 | | | | | |  | | |
| 单位详细地址 | | | |  | | | | | | | | | | | | | 邮编 | | | | |  | |
| 申请培训专业 | | | | |  | | | | | | | | 培训时间 | | | | 20 年 月 | | | | | | |
| 护士执业证编号及最近注册时间 | | | | | | | | | |  | | | | | | | | | | | | | |
| 主  要  学习经历 | 起　止　时　间 | | | | | | | | | | | 学　校　名　称 | | | | | | | | | | | 备　注 |
|  | | | | | | | | | | |  | | | | | | | | | | |  |
| 主  要  工  作  经  历 | 起　止　时　间 | | | | | | | | | | | 工　作　单　位　名　称 | | | | | | | | | | | 职　称 |
|  | | | | | | | | | | |  | | | | | | | | | | |  |

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| --- | --- | --- |
| 本  人  政  治 | 表  现 |  |
| 本  人  现  有  业  务  水  平 | |  |
| 外语  水平 | |  |
| 选  送  单  位  意  见 | | （盖章）　　　　　年　　月　　日 |
| 备  注 | |  |

**填表说明：各栏都必须认真填写,无缺项。**