附件1

**四川大学华西第四医院技师规范化培训报名表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性 别** | |  | | 贴  一  寸  彩  照 | |
| **年 龄** | |  | | | **民 族** | |  | |
| **籍 贯** | |  | | | **婚姻状况** | |  | |
| **政治面貌** | |  | | | **身 高** | |  | |
| **健康状况** | |  | | | **既往病史** | |  | |
| **学 历** | |  | | | **学 位** | |  | | **所学专业** |  |
| **英语考级** | |  | | | **计算机考级** | |  | | **资格证书** |  |
| **培训专科志愿** | |  | | | **身份证号** | |  | | | |
| **毕业学校** | |  | | | | **毕业时间** |  | | | |
| **通讯地址** | |  | | | | | | | **邮 编** |  |
| **联系方式** | | **手 机** | |  | | | **家庭联系电话** | |  | |
| **电子邮箱** | |  | | | **其它联系方式** | |  | |
| **获奖情况** | |  | | | | | | | | |
| **有何特长**  **（以证书为准）** | |  | | | | | | | | |
| **学习及工作经历（包括本科以上学历、临床轮训经历）** | | | | | | | | | | |
| **年月日至年月日** | | | **学校或医院名称** | | | | | **专 业** | | **任 职** |
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| **申**  **请**  **人**  **意**  **见** | **自愿以规培学员身份参加四川大学华西第四医院规范化培训，培训基地及专业服从医院安排。**  **申请人签字**  **年** **月** **日** | | | | | | | | | |
| **单位意见**  **（委培学员填写）** | **签名（盖章）**  **年** **月** **日** | | | | | | | | | |