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| **彰化縣衛生局照顧管理專員甄試報名表**   |  | | --- | | **資格審查結果：□符合□不符合（請勿勾選）**  **甄選工作地點： □ 衛生所( 請務必勾選）** | | | | | | | | | | | | |
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| **報名職務項目** | **單位** | **衛生局** | | **職稱** | | | | **照顧管理專員** | | | 大頭照黏貼處 |
| **姓名** |  | | | **是否領有身心障礙手冊** | | | |  | | |
| **身分證字號** |  | | | **出生日期** | | | **年 月 日** | | | |
| **現職** | **(機構名稱及部門、職稱)** | | | | | | | | | |
| **通訊地址** |  | | | | | | | | | |
| **聯絡電話** |  | | | | **行動電話** | | | |  | | |
| **電子信箱** |  | | | | | | | | | | |
| **緊急聯絡人姓名** |  | | | | | **緊急連絡人電話** | | | |  | |
| **最高學歷(含科系)** | **學校名稱** | | | | | **院系科別** | | | | | **畢業年月** |
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| **相關照護**  **工作之經歷** | **服務單位** | | **職稱** | | | **主要工作內容** | | | | | **起訖日期** |
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| **專業證照** | **證照名稱** | | | | **等級** | | | | **發照機構** | | **證照號碼** |
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| 填寫人簽章: | | | | | | | | | | | |

備註：1.本報名表之考試、專業證照等欄無資料者免填。 2.本報名表請填妥後併同相關證件資料由本人親持或掛號寄送至彰化縣衛生局長期照護科。