**成都市第五人民医院**

**护士规范化培训报名表**

填表日期 ： 年 月 日 报名序号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | 性别 | | |  | | 出生日期 | | |  | | | | 民族 | | |  |  | |
| 护理专业  基础学历 | | | |  | | 学位 | | |  | | 毕业院校 | | | | |  | | | | | |
| 政治面貌 | | | |  | | 健康状况 | | | | |  | | | | | 身高 | | |  | | |
| 身份证号码 | | | |  | | | | | | | 是/否有护士执业资格证  或考试合格证明 | | | | | | | |  | | | | |
| 特长 | | | | | |  | | | | | | | 担任过何社团职务 | | | | | |  | | | | |
| 家庭主要成员情况 | | | 父亲姓名 | | | |  | | | | 工作单位 | | | |  | | | | 联系电话 | | | |  |
| 母亲姓名 | | | |  | | | | 工作单位 | | | |  | | | | 联系电话 | | | |  |
| 家庭住址 | | | | |  | | | | | | | | | | 邮编 | | | | |  | | | |
| 本人联系方 式 | | | 电话 | | | |  | | | | | Email | | |  | | | | | | | | |
| 手机 | | | |  | | | | | 传真 | | |  | | 其他 | | |  | | | |
| 学  习  经  历 | 起止时间 | | | | | | | 所在院校 | | | | | | | 专业 | | | | | 学历 | | | |
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| 实  习 | 起止时间 | | | | | | | | | 所在单位 | | | | | | | | | | 岗位 | | | |
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| 获  奖  情  况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 参加护士规范化培训的主要目 的 | | |  | | | | | | | | | | | | | | | | | | | | |
| 个人声明 | | | 本人保证所提交信息的真实性、合法性。承担因填写不实而产生的一切后果。  签名（请勿打印，需亲笔书写）： | | | | | | | | | | | | | | | | | | | | |