**附件1：**

**宁波市江北区红十字会救护员培训报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 年龄（周岁） |  | 民族 |  | 性别 |  | 文化程度 |  | 近期免冠一寸彩照 |
| 联系方式 |  | 联系地址 |  |
| 工作单位 |  | 工作年限 |  |
| 职务 |  | 留言 |  |