**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 | | | |  | | | | | | | | | | | | | | | | |