**附件**

 **北京市养老服务企业新型学徒制培训报名表**

单位（盖章）： 领队： 手机：

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| 序号 | 姓名 | 性别 | 单位及职务 | 身份证号码 | 联系手机 | 是否具有1年及以上劳动合同 |
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注：各养老服务企业在参加培训人员中选拔一名领队，负责联系、管理培训人员。