## 附件一 報名表

**台灣護理學會**

**108年「進階護理整合照護成果競賽」報名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **參賽編號：** | | | | | | | | | | | | （由本學會填寫） |
| **參賽作品**  **主題名稱** |  | | | | | | | | | | | |
| **參 賽 者 基 本 資 料** | | | | | | | | | | | | |
| **姓 名** |  | | | | | | | | | | | |
| **會 員 號** |  | | | | | | | | | | | |
| **進階證書號** |  | | | | | | | | | | | |
| **身分證字號** |  |  |  |  |  |  |  |  |  |  |  | |
| **機構名稱** |  | | | | | | | | | | | |
| **部門名稱** |  | | | | | | | | | | | |
| **電子郵件** |  | | | | | | | | | | | |
| **服務單位**  **及職稱** |  | | | | | | | | | | | |
| **聯絡地址** | □□□ | | | | | | | | | | | |
| **聯絡電話** | （0 ） | | | | | | | | | | | |
| 手機： | | | | | | | | | | | |
| **參賽者簽名** | **參賽者已詳讀並同意本要點的各項內容及規定，並清楚瞭解本活動蒐集、處理或利用參賽者所提供的各項個人資料之目的及用途。**  **本參賽作品中所有措施（含護理措施、治療、技術等）皆符合倫理考量。**  **本表所填資料均為屬實，報名後如被查證不實，同意取消參賽資格。** | | | | | | | | | | | |
| **（請親自簽名）** | | | | | | | | | | | |
| **備 註** | **\*參賽者資料務必填寫完整，並以電腦繕打**(簽名處除外)**。** | | | | | | | | | | | |
| **推薦者資料** | | | | | | | | | | | | |
| **機構名稱** |  | | | | | | | | | | | |
| **服務單位 及職稱** |  | | | | | | | | | | | |
| **電子郵件** |  | | | | | | | | | | | |
| **聯絡電話** |  | | | | | | | | | | | |
| **推薦者簽章 (請加蓋職章)** |  | | | | | | | | | | | |