附件1

援卢旺达医疗队科别（岗位）需求

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| --- | --- | --- |
| 科别（岗位） | 自治区人民医院承派人数 | 其余单位选派人数 |
| 骨 科 | 2人 |  |
| 外 科 | 1人 | 1人 |
| 妇产科 |  | 2人 |
| 麻 醉 | 1人 | 1人 |
| 内 科 | 1人 |  |
| 口 腔 |  | 1人 |
| 中医针灸科 |  | 1人 |
| 手术室护士 | 1人 |  |
| 翻 译 |  | 1人 |
| 厨 师 |  | 2人 |
| 合 计 | 15人 | |

附件2

个人简历

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| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | （照片） |
| 出生日期 |  | 民族 | |  |
| 政治面貌 |  | 最高学历 | |  |
| 职称 |  | 晋升时间 | |  |
| 工作单位 |  | | | 单位级别 |  |
| 科室 |  | 职务  （党、政、学术） | |  | |
| 联系电话 |  | E-mail | |  | |
| 通讯地址 |  | | | | |
| 一、教育经历： | | | | | |
| **起止时间**  **（年、月）** | **学校名称** | | **专业** | **学历** | **全日制/在职** |
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| 二、住院医师轮转或护士临床轮转：(起止时间应连续) | | | | | |
| **起止时间**  **（年、月）** | | **医院名称**  **（请注明医院等级及公立或非公立）** | | **科室(请精确到**  **二级科室)** | |
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| 三、工作经历：（起止时间应连续，特别写明职称晋升时间） | | | | | |
| **起止时间(年)** | **工作单位名称**  **（请注明医院等级及公立或非公立）** | | **科别** | | **职务/职称**  **（晋升时间）** |
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| 四、在职培训经历（如有） | | | | | |
| 五、专业能力（1.本专业业务能力、对经过批准的新技术的临床应用情况等。2.手术科室须注明开展手术种类及累计例数。） | | | | | |

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| 六、教学经历（含临床带教） |
| 七、科研项目、新技术、论文论著目录(如有,按标准学术规范列出最重要的三项，如超过三项可另附表格) |
| 八、获得的奖项（如有，请列出最重要的三项，如超过三项可另附表格；并注明获奖时间、奖项名称、授奖单位、本人排名） |
| 九、援外经历（如有，请填明确起止时间、工作医院科室和队内任职） |

（表格可自行延展）

注明：须提供中英文简历

Resume

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | |  | （Photo） |
| Date of Birth |  | | Nationality | |  |
| Highest education degree |  | | | | |
| Professional Titles |  | | Promotion time | |  |
| Organizational  Affiliation |  | | | | | |
| Department |  | | | | | |
| Contact Number |  | | E-mail | |  | |
| Contact Address |  | | | | | |
| 1. Education Background: | | | | | | |
| Duration  （Year、Month） | Name(s) of school(s)/institution(s) | Major(s) | | Degree | | Full-time or in-service |
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| 2. Residency Rotation for Physicians or Clinical Rotation for Nurses:（The dates be continuous） | | | | | |
| Duration  （Year、Month） | | Name(s) of hospital(s)/institution(s) | | Department(s)( e.g. gastrointestinology, cardiology, neurosurgery etc.) | |
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| 3. Work Experience（The dates be continuous, specify the promotion date(s).） | | | | | |
| Duration  （Year） | Organizational Affiliation | | Name(s) of department(s) | | Position(s)/  professional title(s) |
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| 4. In- service Training (If any) | | | | | |
| 5. Professional Competence (1.Indicate Professional ability, clinical application of approved new technology, etc. 2.Indicate the type(s) of operation(s) and the cumulative number of cases you did surgically.) | | | | | |

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| 6. Teaching (Including clinical mentoring) |
| 7. Research、new technology application and published paper list (Academically list the three most important achievements according to your own judgment. A separate form can be attached.) |
| 8. Achievement & Awards (If any, list the three most important awards according to your own judgment and specify the name of award(s), issuing organizations and dates. A separate form can be attached.) |
| 9. Foreign Aid Experience (If any, specify the time period(s), name(s) of hospital(s) and department and in-team position.) |

(Table expandable)

附件3

援卢医疗队员推荐表

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| 姓名 |  | | | | | | 性别 | | |  | | | | | | 出生日期 | | |  | |
| 籍贯 |  | | | | | | 出生地 | | |  | | | | | | 民族 | | |  | |
| 健康状况 | |  | | | | | 政治面貌 | | | |  | | | | | 入党时间 | | |  | |
| 最高学历  （是否为全日制本科） | | | | | | |  | | | | | 毕业院校 | | | |  | | | | |
| 毕业时间 | | | | | | |  | | | | | | 毕业专业 | | |  | | | | |
| 工作单位 | | | | | | |  | | | | | | | | | 医院等级 | | |  | |
| 个人邮箱 | | | | | | |  | | | | | | | | | 手机号码 | | |  | |
| 参加工作时间/专业年资 | | | | |  | | | 科室  （二级科室） | | | | | | | |  | | 现任  职务 | |  |
| 专业技术  职称 | | |  | | | | | | | | | | | | | 晋升时间 | | |  | |
| 执业证书  编码 | | |  | | | | | | | | | | | | | 拟报名  科别（岗位） | | |  | |
| 个人  简历（受教育经历、科室轮转、职称和职务晋升经历等） | | |  | | | | | | | | | | | | | | | | | |
| 何时受过  何种奖惩 | | |  | | | | | | | | | | | | | | | | | |
| 英语熟练程度、参加过何种培训及考核、CET4\CET6成绩 | | | | | |  | | | | | | | | | | | | | | |
| 家庭主要  成员情况  (父母、配偶、子女) | | | | 关系 | | 姓名 | | | 年龄 | | | | | 民族 | 政治面貌 | | 工作单位及职务 | | | |
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| 紧急联系人 | | | | | |  | | | | | | | | 联系电话 | | |  | | | |
| 科室  意见 | | | | 科主任签字： 年 月 日 | | | | | | | | | | | | | | | | |
| 纪检意见 | | | | 纪检书记签字： 盖章    年 月 日 | | | | | | | | | | | | | | | | |
| 单位  意见 | | | | 单位领导签字： 盖章    年 月 日 | | | | | | | | | | | | | | | | |

附件4

援卢医疗队推荐队员信息汇总表

单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 排序 | 姓名 | 性别 | 出生地 | 出生 (年月日) | 学历 | 是否全日制 | 政治面貌 | 派出单位 | 医院级别 | 职务 (党、政、学术) | 职称 | 晋升 时间 | 科室 (请精确到二级科室) | 执业证书编码 | 工作经验 (专业年资) | 身体 条件 |
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