

(様式1)

人材登録カード (ふくしま栄養ケア・ステーション)

記入日 平成 年 月 日

| 正会員番号      |     | 所属支部名  |            | 所属協議会名   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|------------|-----|--|------------|--|--|---|---|---|---|---|---|---|---|---|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|
| ふりがな<br>氏名 |     | 性別   |            | <input type="checkbox"/> 男<br><input type="checkbox"/> 女   | 生年<br>月日   |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | <input type="checkbox"/> 昭和 <input type="checkbox"/> 平成<br>年 月 日   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 住所         | 〒 - |  |            | TEL  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | FAX  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | 携帯   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | e-mail   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | 自家用車<br>での移動   | <input type="checkbox"/> 可 <input type="checkbox"/> 不可 |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 勤務先住所      | 〒 - |  |            | 勤務先名   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | 部署名  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | TEL  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            | FAX  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 栄養士登録番号    |     |  |            | 希望活動業務 (複数回答可)   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 栄養士 第 号    |     | 管理栄養士 第 号  |            | <input type="checkbox"/> 特定保健指導 <input type="checkbox"/> 一般栄養指導 <input type="checkbox"/> 病態別栄養指導<br><input type="checkbox"/> 訪問栄養指導 <input type="checkbox"/> 嚥下・介護食・高齢者低栄養予防<br><input type="checkbox"/> 講演・講座等の指導 <input type="checkbox"/> 調理実習 <input type="checkbox"/> 食育活動 (5 ADAY)<br><input type="checkbox"/> 栄養ケア・マネジメント <input type="checkbox"/> 献立作成<br><input type="checkbox"/> パソコンデータ入力・分析<br>その他 { }  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| その他資格      |     |  | 活動可能<br>支部 |  |  | <input type="checkbox"/> 県北 <input type="checkbox"/> 県南 <input type="checkbox"/> 相双<br><input type="checkbox"/> いわき <input type="checkbox"/> 会津 |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
|            |     |  |            |  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 研修履修       |     | 研修日等   |            | 希望活動時間帯  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 特定保健指導     |     | <input type="checkbox"/> 有 <input type="checkbox"/> 無<br>平成 年度 |            | 活動可能な個所に○印をご記入ください   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 生涯学習受講     |     | <input type="checkbox"/> 有 <input type="checkbox"/> 無          |            | <table border="1"> <thead> <tr> <th></th> <th>月</th> <th>火</th> <th>水</th> <th>木</th> <th>金</th> <th>土</th> <th>日</th> <th>祝</th> </tr> </thead> <tbody> <tr> <td>終日</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>午前</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>午後</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>夜間</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |  |   | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 祝 | 終日 |  |  |  |  |  |  |  |  | 午前 |  |  |  |  |  |  |  |  | 午後 |  |  |  |  |  |  |  |  | 夜間 |  |  |  |  |  |  |  |  |
|            | 月   | 火  | 水          | 木  | 金  | 土   | 日 | 祝 |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 終日         |     |  |            |  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 午前         |     |  |            |  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 午後         |     |  |            |  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 夜間         |     |  |            |  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |
| 栄養士職歴      |     |  |            | 備考   |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |

CS 記入欄 契約日