　　　　　　　　　　　　　　　　求　　人　　票　（令和　　年　　月　　日作成）

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　〔長崎医療技術専門学校〕

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| 学校記入欄 | | | | | **――** | | | | | | | | | | | | | | | | | |
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| 代表者氏名 |  | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | 理学療法士 | | | | 作業療法士 | | | | | | | | | | | | | | | | 採用条件・希望・その他 | | | | | | | | | | | | | | | | | | | | | | | | 担当者氏名 | | | | | | |
|  | 名 | | |  | | | | | | | | | | | | | 名 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | 開院年月日 | |  | | | | | | | | | | | | | | | | | リハビリテーション施設基準 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 診療科目  (該当○印) | | 内科・外科・整形外科・脳神経外科・神経内科・心臓血管外科・呼吸器科・循環器科・  小児科・精神科・リハビリテーション科・その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 床 | | | | | 外来患者 | | | | | |  | | | | | | | 名／日 | | | リハ対象患者　入院 | | | | | | | | | | |  | | | | 名、外来 | | | | |  | | | 名／日 | | |
|  | | 医　師 | | | |  | | | | | | 名 | | 看護師 | | | | | | | |  | | | | 名 | | | | 理学療法士 | | | |  | | | | | 名 | | | 作業療法士 | | | | |  | | | 名 |
| 言語聴覚士 | | | | | |  | | | | 名 | | リハビリ助手 | | | | | | | | | |  | | 名 | | | | その他の職員 | | | |  | | | | | 名 | | | 合　計 | | | | |  | | | 名 |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 本　　俸 | | | | | | | | | | | 諸手当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 合　　計 | | | | | | | | | |
|  | | | | | | | | | 円 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | |  | | | | | | | | 円 | |
| 賞与 | 年 | | |  | | | | | 回、支給額 | | | | | | |  | | | | | カ月程度 | | | | | | 昇給 | | | 昇給率　年 | | | | |  | | | | ％ | |  | | | 円程度 | | | | |
|  | | 平日　自 | | | | ： | | | | | | | | | | ～至 | | | | | ： | | | | | | | | | | 休暇 | 週休２日制　有・無、 年休　　　日 | | | | | | | | | | | | | | | | | | |
| 土曜　自 | | | | ： | | | | | | | | | | ～至 | | | | | ： | | | | | | | | | | その他 | | | | | | | | | | | | | | | | | | |
| その他 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| そ の 他 | | 食　　　　　事 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| その他(保険等) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学会・研修会出張その他事項 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 募集期日 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 採用決定日 | | |  | | | | | | | | | | | | | | | | |
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| (該当○印) | | 履歴書・卒業見込証明書又は卒業証明書・成績証明書・健康診断書・戸籍抄本・  その他(　　　　　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 求人についての希望、その他  補足事項 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |