济南市老年人照护需求评估组织（企业）申报表

申报单位（盖章）：

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| 单位名称 | |  | | | | | | | 单位性质 | |  | | |
| 批准设  立机关 | |  | | | | 登记证号 | | |  | | | | |
| 单 位  地 址 | |  | | | | | | | 邮政编码 | |  | | |
| 法定代表人姓名 | |  | | | | 联系  电话 | | |  | | | | |
| 联系人  姓名 | |  | | | | 手机号码及微信号 | | |  | | | | |
| 职工  情况 | 管理人员（人） | | | | | | 专业人员（人） | | | | | | 合计（人） |
| 专职 | | | 兼职 | | | 专职 | | | 兼职 | | |
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| 人员名册 | | | | | | | | | | | | |
| 姓 名 | | 性别 | 年龄 | 学 历 | | | 职称或职业资格 | | | 职务 | 专/兼职 | |
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| 经营（业务）范围 |  | | | | | | | | | | | | |
| 单位基本情况简介（包括人员构成、条件要求的情况等） |  | | | | | | | | | | | | |
| 近三年来相关业务开展情况 |  | | | | | | | | | | | | |