附件1

培训报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | **单位联系人及联系方式** | |  | | |
| **姓名** | **身份证号** | **职务** | **性别** | **联系电话** | | **累计从事本职业或相关职业工作年限** | **是否有相关职业五级/初级工职业资格证书** |
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**（报名前请务必根据附件2《密码技术应用员职业技能等级认定申报条件》确认是否符合报名考试要求。本职业和相关职业详见附件2）**