**長岡介護福祉専門学校あゆみ**

**介護福祉士実務者研修通信課程受講申込書**

申込日　 　　年　　月　　日

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| フリガナ | | | | |  | | | | | | | | | | | | | | 男・女 | | | | 顔写真  裏に氏名記載の上、  4cm×3cm以上で貼付 | | | | | | | |
| 氏 　名 | | | | | 印 | | | | | | | | | | | | | |
| 生年月日  (西暦) | | | | | 年　　　月　 　日 (満 歳) | | | | | | | | | | | | | | | | | |
| 住 所 | | | | | 〒 － | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | 自宅  ( 　　 ) 　 － | | | | | | | | | | | | | | | | | | | | | | | | | |
| 携帯  ( 　　 ) 　 － | | | | | | | | | | | | | | | | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ (携帯ﾒｰﾙ可) | | | | | 連絡用に使用しますので記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最終学歴  (学校名･学科) | | | | | 卒業証書の写し又は卒業証明書を添付して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先 (事業所名) | | | | | 法人名及び所属施設名を記入して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| コース選択 | | | | | 該当に | | 保有資格 | | | | | | | 受講料(テキスト代含む) | | | | | | | | | | | | | | | | |
| 全納一括 | | | 分納2回 | | | | | | | | 分納6回 | | | | | |
| 1回目 | | | | 2回目 | | | | 1回目 | | | 2~6回目 | | |
| 修了証明証の写しを添付して下さい。 | | | | | □ | | 無資格者 | | | | | | | 161,000 | | | 81,000 | | | | 80,000 | | | | 31,000 | | | 26,000 | | |
| □ | | 介護職員初任者研修修了者 | | | | | | | 120,000 | | | 60,000 | | | | 60,000 | | | | 20,000 | | | 20,000 | | |
| □ | | 生活援助従事者研修 | | | | | | | 140,000 | | | 70,000 | | | | 70,000 | | | | 25,000 | | | 23,000 | | |
| □ | | 介護に関する入門的研修 | | | | | | | 146,000 | | | 73,000 | | | | 73,000 | | | | 26,000 | | | 24,000 | | |
| □ | | 訪問介護員研修1級修了者 | | | | | | | 55,000 | | | 28,000 | | | | 27,000 | | | | 10,000 | | | 9,000 | | |
| □ | | 訪問介護員研修2級修了者 | | | | | | | 118,000 | | | 59,000 | | | | 59,000 | | | | 23,000 | | | 19,000 | | |
| □ | | 訪問介護員研修3級修了者 | | | | | | | 146,000 | | | 73,000 | | | | 73,000 | | | | 26,000 | | | 24,000 | | |
| □ | | 介護職員基礎研修修了者 | | | | | | | 44,000 | | | 22,000 | | | | 22,000 | | | | 9,000 | | | 7,000 | | |
| □ | | 認知症実践者研修修了者 | | | | | | | 146,000 | | | 73,000 | | | | 73,000 | | | | 26,000 | | | 24,000 | | |
| □ | | 喀痰吸引等研修修了者 | | | | | | | 137,000 | | | 69,000 | | | | 68,000 | | | | 27,000 | | | 22,000 | | |
| 支払方法  希望に印 | | | | | □ 全納一括振込　 　□ 分納2回振込　　□ 分納6回振込 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一般教育訓練給付制度を利用しますか。 □する □しない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護福祉士国家試受験の受験予定年度 □ 　　　年1月予定 □未定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＜スクーリング時の通学手段＞  □ 徒歩 □ 公共交通機関 □ 自転車・ﾊﾞｲｸ □ 自家用車（車ナンバー:　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊最終学歴の卒業証明書の写し又は卒業証明書を添付してください。  ＊免除科目がある場合は保有資格の修了証明書の写しを添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 下記課題について概ね600字以上～800字以内で簡潔に記述してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 課題 | | | | 受講されるきっかけと、将来のあなたはどの様な介護福祉士になりたいか | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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