附件:

吉林大学第二医院标准化病人（SP）申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | | |  | | | 年龄 | | | |  | | | | | | | 照  片 | | | |
| 住址 | |  | | | | | | | | | | | | | | | | | | | |
| 邮编 | |  | | | | | 联系电话 | | | | |  | | | | | | | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | |
| 当前或既往职业 | | | | |  | | | | | | | | | | | | | | | | |
| 文化程度 | | □小学 | | | | □初中 | | | | □高中 | | | | □大学 | | | | | □研究生及以上 | | | | | | |
| 您是否是中华人民共和国公民 | | | | | | | | | | | | | | □是 | | | | | | | □否 | | | | |
| 出生日期 | |  | | | | | | | | 民族 | | | |  | | | | | | | | | | | |
| 身高 | |  | | | | | | | | 体重 | | | |  | | | | | | | | | | | |
| 您是否吸烟 | | | | | | □是 | | | | □否 | | | | □曾经 | | | | |  | | | | | | |
| 您是否饮酒 | | | | | | □是 | | | | □否 | | | |  | | | | | | | | | | | |
| 如果是，饮酒量 | | | | | | □偶尔 | | | | □少量 | | | | □一般 | | | | | □酗酒 | | | | | |  |
| 您是否听说过标准化病人 | | | | | | | | | | □是 | | | | □否 | | | | |  | | | | | | |
| 如果是，通过何种途径了解 | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 您是否当过标准化病人 | | | | | | | | | | □是 | | | | □否 | | | | |  | | | | | | |
| 如果是，何时在哪里当过 | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 您为什么对标准化病人感兴趣 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您目前是否因健康问题或疾病正在接受治疗，请具体列举 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您是否有任何创伤或医疗情况，能够增强或妨碍您表演特定病人角色的能力，请具体说明 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您是否有纹身或者穿环 | | | | | | | | | | □是 | | | | □否 | | | | |  | | | | | | |
| 您过去到医院的就诊经历包括 | | | | | | | | | | | □门诊 | | | | | □住院 | | | | | | | □手术 | | |
| 就诊的医院包括 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| □社区（县级）卫生机构 | | | | | | | | | □区级医院 | | | | | | | | □省市级医院 | | | | | | | | |
| 您是否允许受训者对您进行无创的体格检查 | | | | | | | | | | | | | | | | | | □是 | | | | | | □否 | |
| 您是否介意培训过程被录像以用于教学活动 | | | | | | | | | | | | | | | | | | □是 | | | | | | □否 | |
| 您哪些时间段可以用于接收培训或测试 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本校学生中是否有您的亲属或密友 | | | | | | | | | | | | | □是 | | | | | | | □否 | | | | | |
| 我申明在本招聘申请表中所填写的所有信息都是真实的，并且是按我的知识所能够填写的最完整的。我理解校方会核查我所填写的信息。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 签名： | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 日期： | | |  | | | | | | | | | | | | | | | | | | | | | | |

请将本申请表送到以下地址，并注明“应聘标准化病人”

地址：吉林省长春市南关区平治街218号吉林大学第二医院7号楼教学工作办公室

或发送至邮箱:jdeysp@126.com