**處理家暴配偶個案基本訓練課程**

**報名表**

機構/學校/部門名稱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

聯絡人及電話：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 序號 | 姓名（請以正階填寫） | | 職位/職務 |  |
| 中文 | 外文 | 聯絡電話/電郵 |
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註：

1. 表格可自行複制或增加行列；
2. 出席率需達100%，可獲由本局發出之證書。

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負責人簽名及蓋章

2018年 月 日