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| 令和元年度鳥取県認知症介護実践リーダー研修　事前課題 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 役　職：□現リーダー、□リーダー補佐、□その他資格要件（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 研修受講希望理由欄：　　　　　　　　　　　　　文字数：〔　　　　　　　　　〕  申し込み動機や受講希望者の特に強調したい認知症介護に関する考え方、および研修修了後、認知症介護実践リーダーとして、どのように活動しようと考えているか７００～９００字で簡潔に記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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　　※受講者選考の参考とします