

**FORMULÁRIO DE CANDIDATURA**

**ENFERMAGEM**

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**CONCURSO:**

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| **01** | **Especialista** |  |
| **A** | Especialização em enfermagem Médico-Cirúrgica  |  |
| **B** | Especialização em enfermagem Saúde Materna e Obstétrica  |  |
| **C** | Especialização em enfermagem de Saúde Mental e Psiquiátrica |  |
| **D** | Especialização em enfermagem de Saúde Infantil e Pediátrica  |  |
| **E** | Especialização em enfermagem de Reabilitação  |  |
| **02** | **Gestor**  |  |
| **A** | Enfermeiro gestor - Internamentos. |   |
| **B** | B. Enfermeiro gestor - Serviço de Urgência. |  |
| **C** | C. Enfermeiro gestor - Bloco Operatório e Cirurgia de Ambulatório. |  |
| **D** | D. Enfermeiro gestor - Centro Ambulatório – Consulta Externa. |   |

**1. DADOS PESSOAIS**

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**Nome**

**completo:**

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| **Data de nascimento:** |  |  |  |  |  |  |  |  |  |  |  | **Sexo:** | **Masculino** |  | **Feminino** |  |

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| **Nacionalidade:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Morada:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Código Postal:** |  |  |  |  |  |  |  |  |  | **Localidade:** |  |

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| **Concelho de residência:** |  |  |  |  |  |  |  |  |  |  |

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| **Telefone:** |  |  |  |  |  |  |  |  |  |  | **Telemóvel:** |  |  |  |  |  |  |  |  |  |

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| **Cartão Cidadão /BI** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **NIF** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Endereço eletrónico:** |  |  |  |  |  |  |  |  |  |  |

**2. NÍVEL HABILITACIONAL**

**Assinale o quadrado apropriado:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **01** | Licenciatura |   |
|  | **02** | Pós Graduação |   |
|  | **03** | Mestrado |   |
|  | **04** | Doutoramento |  |
|  | **05** | Outro (especificando) |  |

**3. SITUAÇÃO PROFISSIONAL ATUAL:**

|  |  |
| --- | --- |
| **Carreira:** |  |
| **Categoria:** |  |
| **Vinculo:**  |  |
| **Serviço:** |  |
| **Hospital / Centro Hospitalar:**  |  |

**4. DECLARAÇÃO**

**“**

**Declaro que são verdadeiras as informações acima prestadas, bem como as informações constantes nos anexos que**

**junto.**

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| **Localidade:** |  |  |  |  |  |  |  |  |  |  |  **Data:** |  |

**Assinatura**

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**5. DOCUMENTOS QUE ANEXA À CANDIDATURA:**

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