会計年度任用職員（医療援助課）選考用

作文用紙

【氏名】

次の項目について、直筆で記入してください（文字数制限300文字）。

**・あなたが「高齢者の保健事業と介護予防の一体的実施」に従事するにあたって、個人情報を取り扱う際、**

**注意すべきと考えることを自由に記載してください**

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