附件7

“好德妈妈”家政品牌服务示范机构培育（推荐）人员花名册

申领单位（公章）：

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| **序号** | **姓名** | **身份证号码** | **性别** | **年龄** | **“好德妈妈”证号** | **是否实现就业** | **联系电话** |
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| 合计 | | 已完成培育（推荐） 人。 | | | | | |

备注：村居服务点推荐人员未成功获得“好德妈妈”证的不需填证号。