様式第9号（第5条関係）

知的障害者職親登録簿

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| 登録 | | 職親 | | | 事業所 | | | 指導訓練事項 | 希望条件 |
| 番号 | 年月日 | 氏名 | 生年月日 | 住所 | 所在地 | 従業人員 | 事業の種類 |
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