

**PRÉNOM NOM**

**DIPLOMAS Y HOBBIES**

**Formaciones :** Diplomados, Congresos, xxxxxxxxxx xxxxxx xxxxxxxxx xxxxxxxxxxxxxxxxx

**Hobbies:** xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx



AIDE-SOIGNANTE

**PROFIL**

**NOM DE L’ÉTABLISSEMENT**

Aide-soignante

Tâches réalisées : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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Aide-soignante

Tâches réalisées : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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Ville - Pays xxxxxxxxxxxxxx Téléphone xxxxxxxxxxxxxx

E-mail xxxxxx@xxxx.com

**FORMATION**

Années  Diplôme xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Ville - Pays*Université ou École*

Années  Diplôme xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Ville - Pays*Université ou École*

Années  Diplôme xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Ville - Pays*Université ou École*

**COMPÉTENCES**

Organisation, obervation et diagnostic, aromathérapie, acupuncture

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**Prénom NOM**

Poste occupé

Télephone: xxxxxxxxx

E-mail: xxxxxx@xxx.com

**Prénom NOM**

Poste occupé

Télephone: xxxxxxxxx

E-mail: xxxxxx@xxx.com

xxxxxxxx@xxxxxxxx.com

Espagnol: Courant

Anglais: Bilingue

Xxxxxxx**:** Xxxxx

**RÉFÉRENCES**

**LANGUES**

Du 00/00/0000

au 00/00/0000

(Ville, Pays)

Du 00/00/0000

au 00/00/0000

(Ville, Pays)

Du 00/00/0000

au 00/00/0000

(Ville, Pays)

**EXPERIENCE PROFESSIONNELLE**