附件1

职业技能等级认定机构备案申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、基本信息 | | | | | | | | | | | | | | | | | | | |
| （一）申报单位信息 | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | |  | | | | | | | | | | | | | |
| 地址 | | | | | |  | | | | | | | | | | | | | |
| 统一社会  信用代码 | | | | | |  | | | | | | | | | | | | | |
| 注册登记机构 | | | | | |  | | | | | | | 机构性质 | | 国有企业    □  民营企业   □  公办院校    □  民办院校   □  民办非企业  □  行业协会  □  其他        □ | | | | |
| 法定代表人 | | | | | |  | | | | | | | 注册资金 | |  | | | | |
| （二）申报机构类型 | | | | | | | 用人单位 □    院校 □    社会评价组织  □ | | | | | | | | | | | | |
| （三）联系人信息 | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | |  | | | | | 职务 | | | |  | | | | |
| 座机 | | | | | |  | | | | | 手机 | | | |  | | | | |
| 电子邮箱 | | | | | |  | | | | | | | | | | | | | |
| （四）等级认定规章制度文件（文件材料可另附） | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 二、申请开展认定的职业（工种） | | | | | | | | | | | | | | | | | | | |
| 职业 | | 工种 | | | 职业编码 | | | 评定依据 | | | | | | 评定等级 | | | 命题资源 | | 备注 |
|  | |  | | |  | | |  | | | | | |  | | |  | |  |
| 三、单位简介，组织优势、专业优势、行业影响力，以及参与国家职业标准编制、专项职业能力考核编制等情况，技能人才培育评价体系建设情况。 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 四、场地设备等情况 | | | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| （二）设施设备情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 名称 | | | 品牌 | | | 规格/型号 | | | | | | | 数量 | | 所有权归属 | |
| 1 | | |  | | |  | | |  | | | | | | |  | |  | |
| 2 | | |  | | |  | | |  | | | | | | |  | |  | |
| …… | | |  | | |  | | |  | | | | | | |  | |  | |
| （三）机考设备及网络视频监控设备配置情况 | | | | | | | | | | | | | | | | | | | |
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| 五、人员情况（技术技能水平证明文件材料另附）（注：非本单位人员，请提供本人签署的提供评价服务承诺书或本人与评价单位签署的合作协议复印件） | | | | | | | | | | | | | | | | | | | |
| （一）专职工作人员情况 | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | | | | 职务/职称 | | | | 学历 | | | 主要工作职责 | | 社保缴纳单位 |
| 1 |  | | |  | | | | | |  | | | |  | | |  | |  |
| 2 |  | | |  | | | | | |  | | | |  | | |  | |  |
| … |  | | |  | | | | | |  | | | |  | | |  | |  |
| （二）专家情况 | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | | | | 所在单位 | | | | 职职称/技能等级 | | | 学历 | | 专业方向 |
| 1 |  | | |  | | | | | |  | | | |  | | |  | |  |
| 2 |  | | |  | | | | | |  | | | |  | | |  | |  |
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| （三）考评人员情况 | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | | | | 所在单位 | | | | 职务/职称/技能等级 | | | 学历 | | 考评职业领域 |
| 1 |  | | |  | | | | | |  | | | |  | | |  | |  |
| 2 |  | | |  | | | | | |  | | | |  | | |  | |  |
| … |  | | |  | | | | | |  | | | |  | | |  | |  |
| （四）质量督导人员情况 | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | | | | 所在单位 | | | | 职务/职称/  技能等级 | | | 学历 | | 社保缴纳单位 |
| 1 |  | | |  | | | | | |  | | | |  | | |  | |  |
| 2 |  | | |  | | | | | |  | | | |  | | |  | |  |
| … |  | | |  | | | | | |  | | | |  | | |  | |  |
| 六、诚信承诺 | | | | | | | | | | | | | | | | | | | |
| 本人承诺申报材料真实有效，如有虚假，自愿退出申报。    法定代表人（签字）：    单位名称（公章）： | | | | | | | | | | | | | | | | | | | |
| 七、上级单位意见 | | | | | | | | | | | | | | | | | | | |
| 以上申报材料属实。  单位名称（公章）： | | | | | | | | | | | | | | | | | | | |
| 八、备案意见 | | | | | | | | | | | | | | | | | | | |
| 县（区）公安局意见 | | | | | | | | | | | | 县（区）人力资源和社会保障局意见 | | | | | | | |
| 单位名称（公章）： | | | | | | | | | | | | 单位名称（公章）： | | | | | | | |

（注：本表第七项没有可不填写，本表可增行或续页。）