附件1

社会培训评价组织职业技能等级认定申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本信息 | | | | | | | | | | | | | | | | | | | | | | | |
| （一）申报单位信息 | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | |  | | | | | | 统一社会信用代码 | | | | | | |  | | | | | |
| 注册登记机构 | | | | |  | | | | | | 机构性质 | | | | | | | 行业组织 □  院 校 □  企 业 □  培训机构 □ | | | | | |
| 法定代表人姓名 | | | | |  | | | | | | 固定电话和手机 | | | | | | |  | | | | | |
| 详细地址 | | | | |  | | | | | | | | | | | | | | | | | | |
| （二）联系人信息 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | |  | | | | | | | | | 职 务 | | |  | | | | | | |
| 固定电话和手机 | | | | |  | | | | | | | | | 电子邮箱 | | |  | | | | | | |
| 二、申请开展职业技能等级认定的职业（工种） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 职业名称 | | | | 工种名称 | | | 职业编码 | | | | | | 等级范围 | | | | | | 备注 | |
| 1 | | |  | | | |  | | |  | | | | | |  | | | | | |  | |
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| …… | | |  | | | |  | | |  | | | | | |  | | | | | |  | |
| 三、单位简介、技能人才培训和评价经历、组织优势、专业优势（含参与国家职业技能标准、教学大纲、教材等编制以及有领军人物获评技能大师、五一劳动奖章或技能大师工作室站等荣誉）、行业影响力以及技能人才培育评价体系建设等情况 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 四、场地设备等情况 | | | | | | | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附，如场地所有权证明复印件或房地产租赁协议复印件等） | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| （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 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
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| 5 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 6 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 7 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 8 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 9 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 10 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 11 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 12 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 13 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 14 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| 15 | |  | | | |  | | | | |  | | | |  | |  | | | | | | |
| （三）考务管理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 | | | 身份证号码 | | | | | 职务/职称/  职业技能等级 | | | | | | | 学历 | 主要工作职责 | | | | | | |
| 1 |  | | |  | | | | |  | | | | | | |  |  | | | | | | |
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| （二）专家情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | 身份证号码 | | | | 所在单位 | | | | | 职务/职称/  职业技能等级 | | | | | | | 学历 | | | 专业  方向 |
| 1 | |  | |  | | | |  | | | | |  | | | | | | |  | | |  |
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| … | |  | |  | | | |  | | | | |  | | | | | | |  | | |  |
| （三）考评员情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | 身份证号码 | | | | 所在单位 | | | | 职务/职称/  职业技能等级 | | | | | | | 学历 | | | 考评职业领域 | |
| 1 | |  | |  | | | |  | | | |  | | | | | | |  | | |  | |
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| … | |  | |  | | | |  | | | |  | | | | | | |  | | |  | |
| （四）质量督导员情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | 身份证号码 | | | | | 所在单位 | | | | | 职务/职称/  职业技能等级 | | | | | | | 学历 | | |
| 1 | |  | |  | | | | |  | | | | |  | | | | | | |  | | |
| 2 | |  | |  | | | | |  | | | | |  | | | | | | |  | | |
| 3 | |  | |  | | | | |  | | | | |  | | | | | | |  | | |
| … | |  | |  | | | | |  | | | | |  | | | | | | |  | | |
| 六、诚信承诺 | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺包括但不限于以下内容：  1.申报材料真实有效，如有虚假，自愿退出申报。  2.自愿把社会效益放在首位，不以营利为最终目的。  3.自愿接受人力资源社会保障部门监管和公众监督。  4.严格按照相关规定开展职业技能等级认定工作，如有违规情况，愿意接受取消资质等处理，并承担相应法律责任。  法定代表人（签字）：  单位名称（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |

注：本表各市可根据实际进行调整。