附件1

技工院校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 | | | | | | | | | | | | | | | | | |
| 院校名称 | | | | |  | | | | | 统一社会信用代码/组织机构代码 | | | | | |  | |
| 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、申请开展认定的职业（工种） | | | | | | | | | | | | | | | | | |
| 序号 | | | 职业名称 | | | | 工种名称 | | | | 职业编码 | | | | 备注 | | |
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| 三、专业设置、课程内容、校企合作情况等 | | | | | | | | | | | | | | | | | |
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| 四、场地设备等情况 | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附） | | | | | | | | | | | | | | | | | |
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| （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 | | | |
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| （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 | | | 学历 | | 主要工作职责 | | | |
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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/技能等级 | | 学历 | | | 专业  方向 |
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| （三）考评人员情况 | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | 身份证号码 | | | | 所在单位 | | | | 职务/职称/技能等级 | | 学历 | | | 考评职业领域 |
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| （四）质量督导人员情况 | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | 身份证号码 | | | | | 所在单位 | | | 职务/职称/技能等级 | | | | | 学历 |
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注：此表各市可根据实际进行调整。