附件1

职业技能鉴定机构基本情况登记表

**鉴定机构名称（盖章） 填写时间: 年 月 日**

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| **鉴定机构名称** | |  | | | | **鉴定机构统一社会信用代码** | | | |  | | | |
| **许可证编号** | |  | | | | | | **举办单位名称** | |  | | | |
| **鉴定机构地址** | |  | | | | | | **鉴定机构电话** | |  | | | |
| **法定代表人** | |  | **身份证号** | |  | | | | **联系电话** | | |  | |
| **行政负责人** | |  | **联系电话** | |  | | | | **手机号码** | | |  | |
| **银行户名** | |  | | | **银行帐号** | | | |  | | | | |
| **开户银行全称** | |  | | | | | | | | | | | |
| **鉴定许可事项** | **最高等级** | **职业代码** | | **职业名称** | | | **鉴定地点** | | | | **2020年鉴定** | | |
| **鉴定人数** | | **取证人数** |
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| **举办者意见** | | **（公章）**  **负责人（签章） 年 月 日** | | | | | | | | | | | |
| **主管部门意见** | | **（公章）**  **负责人（签章） 年 月 日** | | | | | | | | | | | |
| **填表人：（签章）**  **填表时间： 年 月 日** | | | | | **座机电话（必填）：**  **手机电话（必填）：** | | | | | | | | |

附件2

职业技能评价机构备案表

机构类别：□职业技能鉴定□职业技能等级认定□专项能力考核

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| 一、申请单位基本信息 | | | | | | |
| 名称 | |  | | | | |
| 地址 | |  | | | | |
| 注册登记机构 | |  | | | | |
| 统一社会信用代码 | |  | | | | |
| 负责人 | |  | 联系电话 |  | | |
| 联系人 | |  | 联系电话 |  | | |
| 电子邮箱 | |  | | | | |
| 二、申请开展评价的职业（工种）\* | | | | | | |
| 序号 | 职业（工种）名称 | | 职业编码 | | 级别 | 设定依据 |
| 1 |  | |  | |  |  |
| 2 |  | |  | |  |  |
| 3 |  | |  | |  |  |
| 4 |  | |  | |  |  |
| 5 |  | |  | |  |  |
| …… |  | |  | |  |  |

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| 三、具备的组织优势、专业优势等 | | | | | |
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| 四、场地设备等情况（权属证明材料另附） | | | | | |
| （一）场地情况 | | | | | |
|  | | | | | |
| （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 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| …… |  |  |  |  |  |
| （三）计算机考务管理及视频监控设备配置情况 | | | | | |
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| 五、人员情况（技术技能水平证明复印件另附） | | | | | | | | | | | | | | | |
| （一）专职工作人员情况（必填） | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | 职务/职称 | | | 学历 | | | 主要工作职责 | | |
| 1 |  | | |  | | |  | | |  | | |  | | |
| 2 |  | | |  | | |  | | |  | | |  | | |
| 3 |  | | |  | | |  | | |  | | |  | | |
| …… |  | | |  | | |  | | |  | | |  | | |
| （二）专家情况（选填） | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 身份证号 | | | 所在单位 | | | 职务/职称/技能等级 | | | 学历 | | | 专业方向 |
| 1 |  | |  | | |  | | |  | | |  | | |  |
| 2 |  | |  | | |  | | |  | | |  | | |  |
| 3 |  | |  | | |  | | |  | | |  | | |  |
| （三）考评人员情况（选填） | | | | | | | | | | | | | | | |
| 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 |  |  | | |  | | |  | | |  | | |  | |
| …… |  |  | | |  | | |  | | |  | | |  | |
| 六、制度建设情况（规章制度文件清单） | | | | | | | | | | | | | | | |
| 序号 | 制度名称 | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | |
| …… |  | | | | | | | | | | | | | | |
| 七、诚信承诺 | | | | | | | | | | | | | | | |
| 本人承诺申报材料真实有效，如有虚假，自愿退出。  法定代表人（签字）：  单位名称（公章）： | | | | | | | | | | | | | | | |

**注：请申请单位在单位名称处加盖本单位公章；本表可增行或续页。**

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