附件2

**甘肃省社会培训评价组织**

**职业技能等级认定备案表**

申请机构：

负责人：

甘肃省人力资源和社会保障厅制

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **一、基本情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 机构名称 | | | 全称： | | | | | | | | | | | | | | | | | | | | | |
| 地址： 邮政编码： | | | | | | | | | | | | | | | | | | | | | |
| 统一社会  信用代码 | | |  | | | | | | | 注册登记  机构 | | | | |  | | | | | | | | | |
| 机构性质 | | | □国有企业 □外资企业 □民营企业 □其他企业  □院校 □行业协会 □民办非企业单位 □其他 | | | | | | | | | | | | | | | | | | | | | |
| 注册资本 | | |  | | | | | | | 法人代表 | | | | |  | | | | | | | | | |
| 上年度资产  总额（万元） | | |  | | | | | | | 上年度职工工资总额（万元） | | | | |  | | | | | | | | | |
| 上年度销售、营业总额（万元） | | |  | | | | | | | 上年度用于技能人才培养工作经费（万元） | | | | |  | | | | | | | | | |
| 本机构  技术工人总数 | | |  | | | 其中：高技能人才数 | | | | | | | | | | | | | | | | | | |
| 高级工数 | | | | |  | | | 技师数 | | | |  | | 高级技师数 | | |  | |
| 负责人 | | |  | | | | | 职务 | | | | |  | | | 电子邮箱 | | | | | |  | | |
| 手机 | | | | |  | | | 电话/传真 | | | | | |  | | |
| 工作联系人 | | |  | | | | | 职务 | | | | |  | | | 电子邮箱 | | | | | |  | | |
| 手机 | | | | |  | | | 电话/传真 | | | | | |  | | |
| **二、拟开展评价的职业（工种）、等级及评价规范情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 职业代码 | | | 职业名称 | | | | | 工种名称 | | | | | | | | 级别 | | | | | 试题情况 | | |
| 1 |  | | |  | | | | |  | | | | | | | |  | | | | | □有□无 | | |
| 2 |  | | |  | | | | |  | | | | | | | |  | | | | | □有□无 | | |
| 3 |  | | |  | | | | |  | | | | | | | |  | | | | | □有□无 | | |
| 4 |  | | |  | | | | |  | | | | | | | |  | | | | | □有□无 | | |
| … | … | | | … | | | | | … | | | | | | | |  | | | | | （勾选） | | |
| **三、技能人才评价经历、培养使用以及组织优势、专业优势（含参与国家职业技能标准、教学大纲、教材等编制）等情况** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **四、评价机构设置情况** | | | | | | | | | | | | | | | | | | | | | | | |
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| **五、专职工作人员、专家、考评人员及督导人员等情况** | | | | | | | | | | | | | | | | | | | | | | | |
| （一）专职工作人员情况（学历、职业资格及身份证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 性别 | | 身份  证号 | | | | | 学历 | | | | | 职称或职业资格 | | 专业  工龄 | | 主要工作  职责 | | |
| 1 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| 2 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| … | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| （二）专家情况（学历、职业资格及身份证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 性别 | | 身份  证号 | | | | | 学历 | | | | | 职称或职业资格 | | 专业  工龄 | | 专业/职业方向 | | |
| 1 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| 2 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| … | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| （三）督导人员情况（学历、职业资格及身份证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 性别 | | 身份  证号 | | | | | 学历 | | | | | 职称或职业资格 | | 专业  工龄 | | 专业/职业方向 | | |
| 1 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| 2 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| … | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| （四）考评人员情况（学历、职业资格及身份证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 性别 | | 身份  证号 | | | | | 学历 | | | | | 职称或职业资格 | | 专业  工龄 | | 考评职业  领域 | | |
| 1 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| 2 | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| … | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |
| **六、场地情况** | | | | | | | | | | | | | | | | | | | | | | | |
| （一）办公场所情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| （二）试卷档案场所情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
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| （三）考核评价场所情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | | |
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| **七、设施设备等情况** | | | | | | | | | | | |
| （一）办公设施设备情况（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 |  | | |  | |  | |  | |  | |
| … |  | | |  | |  | |  | |  | |
| （二）评价设施设备情况（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 |  | | |  | |  | |  | |  | |
| …… |  | | |  | |  | |  | |  | |
| （三）计算机考务管理及视频监控设备配置情况（权属证明材料另附） | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **八、管理运行制度、评价质量管控措施情况** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **九、公示情况** | | | | | | | | | | | |
| 公示内容 | | | | | 公示方式、地点、时间安排 | | | | | | |
| 1.申报条件；  2.评价结果；  3.收费标准；  4.其他需要公示的内容 | | | | |  | | | | | | |
| **社会培训评价组织职业技能等级认定备案材料目录** | | | | | | | | | | | | | |
| 序号 | | 备案材料项目 | | | | | | | | | 页码 | | |
| 1 | |  | | | | | | | | |  | | |
| 2 | |  | | | | | | | | |  | | |
| 3 | |  | | | | | | | | |  | | |
| 4 | |  | | | | | | | | |  | | |
| 5 | |  | | | | | | | | |  | | |
| … | |  | | | | | | | | |  | | |
| 申报  机构  意见 | | | 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： (章) 年 月 日 | | | | | | | | | |
| 职业技能鉴定中心或承接承接职业技能评价监管服务的部门意见 | | | 负责人： (章)  年 月 日 | | | | 人力资源和社会保障部门意见 | | 负责人： (章)  年 月 日 | | | | |

注：1、提供法人登记证明、场地权属证明和人员身份证明、学历证明、职业资格证书及相应复印件，复印件证明材料加盖公章（能通过网络核验的证明可免于提交）。

2、技能人才评价经历、培养使用情况以及评价机构设置情况提交相应证明材料。

3、设施设备情况、管理运行制度附明细。

4、本表可增行或续页。