**臺南市政府社會局身心障礙福利與服務需求評估作業**

**附表2**

**專業團隊人員　基本資料表**

□審核不通過 □審核未通過 審核年度： 年度

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 編號 | | | | 姓名 | |  | | | | 專業類別 | | | | □醫事□特教□社工□職評 | | | | | | | | | | | | |
| 身份證字號 | | | |  | | | | | | 性別 | | | |  | | | | 工作年資 | | | | |  | | | |
| 電話 | | | | （公） | | | | | | 手機號碼 | | | |  | | | | | | | | | | | | |
| 電子信箱 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 檢附資料確認  **共 件** | | | | * 最高學歷或相關學歷證書□本計畫第三點規定之專業人員證書或證明 * 在職證明□服務證明□足資證明有本計畫第三點各款情形之相關文件 | | | | | | | | | | | | | | | | | | | | | | |
| 身分證影本正面黏貼欄 | | | | | | | | | | | | 身分證影本反面黏貼欄 | | | | | | | | | | | | | | |
| 學 歷 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學校名稱 | | | | | 院系科系 | | | | 修業年限 | | | | | | | | 畢業 | | 結業 | 肄業 | | 教育程度(學位) | | | 證書日期文號 | |
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| 經 歷 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 考 試 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年度 | | 考試 | | | | | | | 類科別 | | | | | | | | | | | | 證書日期文號 | | | | | |
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| 專 門 職 業 及 技 術 人 員 考 試 或 檢 覈 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 專門職業及技術人員考試或檢覈及格證書 | | | | | | | | | | | | | | | | 專門職業及技術人員證書 | | | | | | | | | | |
| 年 度 | | | 類 科 | | | | | 生 效 日 期 | | | | | | | | 核發機關 | | | | | | | | 證書日期文號 | | |
| 年 | | | 月 | | 日 | | |
|  | | |  | | | | |  | | |  | |  | | |  | | | | | | | |  | | |
|  | | |  | | | | |  | | |  | |  | | |  | | | | | | | |  | | |
| 是否曾從事身心障礙服務相關工作 | | | | | | | □是 年 □否 | | | | | | | | 是否接受過ICF相關教育訓練 | | | | | | | | | | | □是 □否 |
| 繳交前請自行審閱無誤，證件如有不實，經查證不予聘用。  **填表人確認後請簽名：** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 審核欄 | 證件審核：符合 證件未齊全，於 月 日通知補件。  不符合（原因： ）  審查人員：  審核日期：  **（本欄由審查人員填寫，填表人請勿填寫）** | | | | | | | | | | | | | | | | | | | | | | | | | |