**湖北省体育行业国家职业资格审批登记表**

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| **鉴定批次时间 /培训基地** | |  | | | | **职业 工种** |  | |
| **姓名** |  | | | **性别** |  | | | **照**  **片** |
| **出生日期** |  | | | **证件号码** |  | | |
| **籍贯** |  | | | **联系电话** |  | | |
| **QQ** |  | | | **微信** |  | | |
| **电子邮箱** |  | | | **邮编** |  | | |
| **通讯地址** |  | | | | **最高学历** | | |  |
| **毕业时间** | **毕业学校** | | **专业** | | **学制** | | | **学位** |
|  |  | |  | |  | | |  |
| **参加工作 时间** |  | | **工作单位** | |  | | | |
| **累计从事本职业时间** |  | | **推荐单位**  **(培训基地)** | |  | | | |
| **鉴定级别** |  | | **报考科目** | | **□ 理论 □ 实操** | | | |
| **原职业项目**  **/（等级）** |  | | **原证书 编号** | |  | | | |
| **理论考试 时间** |  | | **技能考试 时间** | |  | | | |