附件1

编号：

残疾儿童康复服务类民办非企业单位

基本情况表

单位名称

申办单位（人）签章

**东莞市残疾人社会组织服务中心制**

填表须知

一、本表应认真填写，所填内容须真实无误。

二、本表可用蓝、黑色签字笔填写，字迹清晰、工整；除要求手写签名处外，也可计算机打印填写。

三、本表应当使用A4纸双面打印，格式不允许自行调整。表内填写不下的内容，可另加A4纸附页。

四、本表一式一份。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基 本 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 地址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 办公电话 | | | | | |  | | | | | | | | | | 邮政编码 | | | | | |  | | | | | | | |
| 法定代表人 | | | | | |  | | | | | | | | | 电话 | | | | | | |  | | | | | | | |
| 宗旨 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 业务范围 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代表人情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | |  | | | | | | | 性别 | | | | | | |  | | | | | 照  片 | | | | |
| 民族 | | | | | |  | | | | | | | 政治面貌 | | | | | | |  | | | | |
| 文化程度 | | | | | |  | | | | | | | 出生年月 | | | | | | |  | | | | |
| 职务 | | | | | |  | | | | | | | 技术职称 | | | | | | |  | | | | |
| 身份证号码 | | | | | |  | | | | | | | | | | | | | | 手机号码 | | | |  | | | | | |
| 户口所在地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 人事关系  所在单位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历  （高中至今） | | | | | | 何年何月 至何年何月 | | | | | | | | | | | | | | 何地 任何职务 | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |
| 举办单位情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | | | | | | | | | | | | | | | | | 电话 | | | | | 负责人  签字（手写） | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| 举办人情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 出生  年月 | | | | | 政治面貌 | | | 人事关系所在单位 | | | | | | | | | 电话 | | | | | | | | 签字（手写） | |
|  | | |  | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | | | | |  | | | | | | | |  | |
| 单位领导成员情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 理事 | 姓名 | | | | 性别 | | | | 出生  年月 | | | | | 政治  面貌 | | | 文化程度 | | | | 电话 | | | | | | 签字（手写） | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
| 监事 | 姓名 | | | | 性别 | | | | 出生  年月 | | | | | 政治  面貌 | | | 文化程度 | | | | 电话 | | | | | | 签字（手写） | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
| 机构  负责人 | 姓名 | | | | 性别 | | | | 出生  年月 | | | | | 政治  面貌 | | | 文化程度 | | | | 电话 | | | | | | 签字（手写） | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | | |  | | |
| 内设机构情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内设机构  名称 | | | | 负责人 | | | | | | 职能 | | | | | | | | | | | | | | | | | 电话 | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | |
| 开办资金情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 投资总额  （万元） | | | |  | | | | | | 验资单位 | | | | | | | |  | | | | | | | | | | | |
| 开办资金  来源 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 场所情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 产权单位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建筑面积 | | | | ㎡ | | | | | | | | | | | | | 使用面积 | | | | | | | | | | ㎡ | | |
| 租（借）  期限 | | | | 年 月 日 —— 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基本设施  设备 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 康复教育从业人员基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作人员  总数 | | | | | | |  | | | | | 专职工作  人员数 | | | | | | |  | | | | 康复教育从业人员总数 | | | | | |  |
| 姓名 | | 文化程度 | | | | | 专业 | | | | | 职称/资格证 | | | | | | | | | | | 岗位 | | | 联系电话 | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | | | |  | | |  | | | |
| 法定代表人承诺书 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺，申请成立 （机构名称）所填写的以上信息及相关证明材料真实有效，如有弄虚作假或与事实不相符的情况，后果由本人承担。  法定代表人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |