**臺北市政府社會局2018年國際身心障礙者日**

**跨專業服務績優人員表揚活動參選人推薦表**

**推薦類別（請勾選）：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **身心障礙福利機構類** | | | | | |  | **團體（含基金會）類** | | | | | |
|  | **照顧服務員類-甲項（臨時及短期照顧服務員）** | | | | | | | | | | | | |
|  | **照顧服務員類-乙項（居家照顧服務員、家庭托顧服務員、個人助理等）** | | | | | | | | | | | | |
|  | **照顧服務員類-丙項（本局現委託辦理之自立生活支持服務身心障礙者同儕支持**  **員或團體自行培訓之同儕服務員）** | | | | | | | | | | | | |
|  | **非社政類** | | | | | |  | **特殊貢獻類** | | | | | |
|  | | | | | | | |  | | | | |
| **一、受推薦人基本資料** | | | | | | | | | | | | | |
| **姓名** | |  | | | | **性別** | | | | |  | 請貼/印  最近1年內2吋半身正面照片1張 | | |
| **身分證字號** | |  | | | | **出生日期**  **年/月/日** | | | | |  |
| **服務機關** | |  | | | | **職稱** | | | | |  |
| **連絡電話** | |  | | | | **學歷** | | | | |  |
| **連絡地址** | |  | | | | | | | | | |
| **電子信箱** | |  | | | | | | | | | |
| **身心障礙服務年資及職務經驗** | | | **服務單位** | | **起訖時間** | | | | **職位** | | | **工作內容** | |
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| **總計：\_\_\_\_\_\_\_\_\_\_\_年\_\_\_\_\_\_\_\_\_\_\_月** | | | | | | | | | | |
| **教育訓練時數** | | | **受訓單位** | | **受訓期間** | | | | **訓練時數** | | | **受訓課程內容** | |
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| **二、優良事蹟（包含評審指標、服務理念、工作績效、工作品質、從事身心障礙領域中印象最深或感人的際遇、事蹟或經驗、協助身心障礙者成就自我之成功案例分享、其他足堪表揚事蹟等）** | | | | | | | | | | | | | |
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| **三、受獎紀錄** | | | | | | | | | | | | | |
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| **四、推薦單位評語** | | | | | | | | | | | | | |
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| **五、請受推薦人撰寫印象深刻之事件或心得感言約150字，供獲選後使用。** | | | | | | | | | | | | | |
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| **六、檢附文件** | | | | | | | | | | | | | |
| 1. 最高學歷證明\_\_\_\_\_\_\_\_\_份 2. 相關在職證明 份 3. 相關服務年資證明 份 4. 相關教育訓練證明 份 5. 其他佐證文件 份（文件名稱:　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | |
| **七、推薦單位資料** | | | | | | | | | | | | | |
| **單位名稱** | | | |  | | | | | | **單位用印** | | | |
| **推薦單位連絡人** | | | |  | | | | | |  | | | |
| **連絡電話** | | | |  | | | | | |
| **連絡地址** | | | |  | | | | | |
| **電子信箱** | | | |  | | | | | |