**程序監理人推薦表**

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| 3\*2照片 | 姓名 | | |  | | | 性別 | |  | | 出生日期 | | | | 民國XXX年XX月XX日 | | | | | |
| 服務單位 | | |  | | | | | | | | | | | | | | | | |
| 身分證號 | | |  | | | 畢業系所 | | | | (學校)  (科系)  (學位) | | | | 簽章 | | | | | (先不須提供) |
| 通訊地址 |  | | | | | | | | | | 電話 | | | |  | | | | | |
| 戶籍地址 |  | | | | | | | | | | 電話 | | | |  | | | | | |
| email |  | | | | | | | | | | 手機 | | | | 09XX-XXX-XXX | | | | | |
| 是否願提供義務服務 | | | | □是 | | | | | | | | | | □否 | | | | | | |
| **受推薦人專長與特質簡介** | | | | | | | | | | | | | | | | | | | | |
| 項目 | | 專長說明  (請於勾選該項目後簡單說明受訓課程或相關經驗之內容)  (請自行複製欄位格式或刪減) | | | | | | | | | | | | | | | | | | |
| **具有**  **性別平權意識**  **之特質** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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|  | | * 實務工作經驗 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | 服務單位名稱 | | | | | | | 職稱 | | | | | | 工作簡介 | | |
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| **具有**  **尊重多元文化**  **之特質** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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|  | | * 實務工作經驗 | | | | | | | | | | | | | | | | | | |
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| **具有**  **處理家事事件相關知識**  **之特質** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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|  | | * 實務工作經驗 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | 服務單位名稱 | | | | | | | 職稱 | | | | | | 工作簡介 | | |
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| **與身心障礙者工作之知識與能力** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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|  | | * 實務工作經驗 | | | | | | | | | | | | | | | | | | |
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| **與兒少或老人工作之知識與能力** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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| **家庭系統動力知識** | | * 相關專業訓練 | | | | | | | | | | | | | | | | | | |
|  | | 時間 | | | | | | | | 主辦單位名稱 | | | | | | | 訓練名稱 | | | |
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|  | | * 實務工作經驗 | | | | | | | | | | | | | | | | | | |
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| **學、經歷簡介** | | | | | | | | | | | | | | | | | | | | |
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| 願意服務區域  (可複選) | | | □以下皆可 | | |  | | | | | | |  | | | | | |  | |
| □基隆 | | | □臺北 | | | | | | | □新北 | | | | | | □桃園 | |
| □新竹 | | | □苗栗 | | | | | | | □臺中 | | | | | | □彰化 | |
| □南投 | | | □雲林 | | | | | | | □嘉義 | | | | | | □臺南 | |
| □高雄 | | | □屏東 | | | | | | | □宜蘭 | | | | | | □花蓮 | |
| □臺東 | | | □澎湖 | | | | | | | □金門 | | | | | | □連江(馬祖) | |
| 是否曾參加法官學院辦理之程序監理人研習課程 | | | * 否 | | | | | | | | | | | | | | | | | |
| * 是(需另外檢附研習證明pdf檔)   (請自行複製欄位格式或刪減) | | | | | | | | | | | | | | | | | |
| 參訓日期 | | | | | 研習名稱 | | | | | | | | 受訓總時數 | | | | |
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