附件1

**杭州市职业技能定点培训机构申报表**

**申报单位： （盖章）**

**申报日期： 年 月 日**

**填 表 说 明**

一、本表一式三份。同时报送电子版。

二、本表提供的信息必须真实和准确。

三、本表内的时间、电话号码一律用阿拉伯数字填写。

四、表内填写不下的内容，可另加A4纸附页。

**一、单位简介：（字数400字以内**）

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**二、基本情况**

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| 单 位 名 称 | | |  | | | | | | | | | 单 位 性 质 | | | | |  | | | |
| 批准设立机关 | | |  | | | | | | | | | 登 记 证 号 | | | | |  | | | |
| 办学许可证号码 | | |  | | | | | | | | | | | | | | | | | |
| 单 位 地 址 | | |  | | | | | | | | | 邮 政 编 码 | | | | |  | | | |
| 法定代表人 | | |  | | | 联 系 电 话 | | | |  | | | | | 手 机 | |  | | | |
| 联 系 人 | | |  | | | 联 系 电 话 | | | |  | | | | | 手 机 | |  | | | |
| 邮 箱 | | |  | | | | | | | | | | | | | | | | | |
| 培 训 场 地 情 况  （使 用 面 积） | | | | 其 中 | | | | | | | | | | | | | | | | | |
| 教 室 | | | | | 实 训 场 地 | | | | | | | 办 公 场 地 | | | | | |
| 个数 | | 总面积 | | | 个数 | | | | 总面积 | | | 个数 | | | | 总面积 | |
| 自有 | | M2 | |  | | M2 | | |  | | | | M2 | | |  | | | | M2 | |
| 租用 | | M2 | |  | | M2 | | |  | | | | M2 | | |  | | | | M2 | |
| 教 职 工  总 人 数 | | | | 其 中 | | | | | | | | | | | | | | | | |
| 管 理 人 员 | | | | | | | | | | 教 师 | | | | | | |
| 专 职 | | | 兼 职 | | | | | | | 专 职 | | | | 兼 职 | | |
| 人 | | | | 人 | | | 人 | | | | | | | 人 | | | | 人 | | |
| 专  职  管  理  人  员 | 姓 名 | | | | 性别 | 年龄 | | 学 历 | | | 职称或职业资格 | | | | | | | | 职 务 | |
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| 兼职管理人员 | 姓 名 | 性别 | 年龄 | 学 历 | 职称或职业资格 | 职 务 |
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1. **申报开展培训项目、等级**

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| 序 号 | 培训项目名称 | 等 级 | 年 培 训 规 模 |
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**四、申报开展培训项目师资、场地、设备情况〔分项目填写〕**

**（以下表格复印有效）**

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| 培 训 项 目 名 称 | | | | | | 等 级 |
|  | | | | | |  |
| 师 资 | | | | | | |
| 专  职  教  师 | 姓 名 | 性别 | 年  龄 | 学 历 | 职称或职业资格 | 任 教 科 目 |
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| 兼  职  教  师 |  |  |  |  |  |  |
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| 培 训 场 地 | | | | | | | |
|  | | 实 训 教 学 教 室 | | | 实 习 操 作 工 位 数 | | |
| 自 有 | | 个 | M2 | | 个 | | |
| 租 用 | | 个 | M2 | | 个 | | |
| 设 备 | | | | | | | |
| 序号 | 设 备 名 称 | | | 型 号 | | 单 台  价 格 | 数 量 |
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| **培训合格率、培训后就业率承诺及保障措施**  法 定 代 表 人 签 字：  年 月 日 | | | | | | | | |