附件

兰州新区职业技能提升行动培训机构申请表

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| 培训机构名称 | | |  | | | | | | | | | | | | | | | |
| 机构地址 | | |  | | | | | | | | | | | | | | | |
| 办学许可证  核发机关 | | |  | | | | | 许可证号 | | | | |  | | | | | |
| 法定代表人 | | |  | | | | 联系电话 |  | | | | 手机 | | | | |  | |
| 联系人 | | |  | | | | 联系电话 |  | | | | 手机 | | | | |  | |
| 拟开展  培训的  职业（工种） | | | 职业（工种）名称 | | | | | 等级 | | | | | | | 年度培训规模 | | | |
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| **现 有 人 员 情 况** | | | | | | | | | | | | | | | | | |
| 教职工总数：  人 | | | | 专职教师：        人； 兼职教师：         人；管理人员：     人。 | | | | | | | | | | | | | |
| 管  理  人  员 | 姓名 | | | 学历 | 专业技  术职称 | | | | | 职业技能等级 | 职务 | | | | | 专（兼）职 | |
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| 理  论  实  操  教  师 | 姓名 | | | 学历 | 职 称  （等级） | | | | | 教龄（专业工龄） | 承 担  课 程 | | | | | 专（兼）职 | |
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| **现 有 场 地 及 设 施 设 备** | | | | | | | | | | | | | | | | | |
| 场地情况（㎡） | | 总使用面积 | | | | 办公用房 | | | 教室 | | | | | 实习场地 | | | |
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| 分职业(工种)设施设备清单 | | （注明设备是否自有，可以另做附件） | | | | | | | | | | | | | | | |
| 申请单位意见 | | 本单位现申请承接兰州新区2021年职业技能提升行动培训任务，并向贵单位郑重承诺：所提供上述信息真实可靠，如有虚假，愿承担一切后果。  负责人（签字）：  （盖章）  年 月 日 | | | | | | | | | | | | | | | |
| 科室意见 | |  | | | | | | | | | | | | | | | |
| 单位意见 | |  | | | | | | | | | | | | | | | |