附件

**泉州台商投资区公开遴选补贴性免费**

**职业技能培训机构申请表**

遴选单位（公章）：

遴选单位法人代表：

报 送 时 间： 年 月 日

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| 申请单位名称 | | | | |  | | | | | | | | | | | | | | |
| 培训机构类别 | | | | | □普通高等院校 □职业院校 □技工院校  □民办职业培训机构 □其他 | | | | | | | | | | | | | | |
| 申请承担政府  补贴培训项目 | | | | | □就业技能培训 □项目制培训 □SYB创业培训 | | | | | | | | | | | | | | |
| 可开展培训模式 | | | | | □线上培训 □线下培训 □线上+线下培训 | | | | | | | | | | | | | | |
| 承担政府补贴  培训项目有效期限 | | | | | 年 月 日至 年 月 日 | | | | | | | | | | | | | | |
| 培训机构地址 | | | | |  | | | | | 邮政编码 | | |  | | | | | | |
| 联系电话 | | | | |  | | | | | 电子邮箱 | | |  | | | | | | |
| 批准设立时间 | | | | |  | | | | 法人证书号码 | | | |  | | | | | | |
| 办学许可证号码 | | | | |  | | | | 主管部门 | | | |  | | | | | | |
| 法定  代表人 | |  | | | 电话 | |  | | 身份证号码 |  | | | | | | | | | |
| 负责人 | |  | | | 电话 | |  | | 联系人 |  | | | 电话 | | |  | | | |
| 近  三年培训开展情况 | 专业（工种） | | | | 培训人数 | | | | 培训合格人数 | | | | | | 鉴定合格人数 | | | | |
| 合格证 | | 初级 | 中级 | 合格证 | 初级 | | 中级 | | | 初级 | | | 中级 | |
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| 培训总人数 | | | |  | | 培训合格  总人数 | |  | | | 鉴定合格  总人数 | | | |  | | | |
| 培训措施及促就业方案 |  | | | | | | | | | | | | | | | | | | |
| 遴选专业(工种） | 专业（工种）名称 | | | | | 计划培  训人数 | | 教材名称 | | | 培训等级 | | | 计划培训学时 | | | | |
| 线上 | | | 线下 | |
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| 遴选培训  机构承诺 | | | | 本单位（本人）承诺所填报的信息和提供的材料真实、准确，无虚假、伪造等违规情况，如存在任何不实情况，愿意承担由此造成的一切责任，接受相关处理。    负责人签字：（公章） 年 月 日 | | | | | | | | | | | | | | |
| 评审委员会意见 | | | | 评审意见：  签 名：  年 月 日 | | | | | | | | | | | | | | |
| 人社局确认意见 | | | | （公章）  年 月 日 | | | | | | | | | | | | | | |

注：本表一式三份

**培训机构管理人员和师资力量一览表**

培训机构：（公章）

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| 序号 | 培训专业（工种）  （每一专业不少于2人） | 姓名 | 学历 | 专业技术职务 | 专业技术职务（级别） | 专业技术资格取得时间 | 职业资格 | 管理人员（是或否） | 专兼职情况 | 理论或实操 |
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**培训机构实训设施设备清单**

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| 序号 | 设施设备名称 | 配置及性能说明 | 数量 | 备注 |
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