附件：

**石阡县公开遴选2019-2020年职业技能培训定点培训机构遴选**

**申请表**

遴选项目：

遴选单位法人代表：

遴选单位（公章）：

年 月 日

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| 学校名称 | | |  | | | | | | | | 负责人 | | | | |  | |
| 学校地址 | | |  | | | | | | | | 联系电话 | | | | |  | |
| 邮政编码 | | |  | | | | | | | | 电子邮箱 | | | | |  | |
| 批准设立时间 | | |  | | | | | 培训机构法人证书号码 | | | | | | | |  | |
| 办学许可证号码 | | |  | | | | | 办学许可范围（职业、工种、等级） | | | | | | | |  | |
| 2  0  1  9  年  培训措施及培训促就业方案 |  | | | | | | | | | | | | | | | | |
| 遴选专业(工种） | 工种名称 | | | 计划培  训人数 | | | 教材名称 | | | | | | 培训等级 | | 计划培训学时 | |
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| 教师  配置 | 理论教师 | 姓名 | | 性别 | 年龄 | | 文化程度 | | | 专业技术职称或职业资格等级 | | | | | 专职或兼职 | |
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| 实训教师 |  | |  |  | |  | | |  | | | | |  | |
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| 教学  设施 | 培训场地 | 理论教室（㎡） | | | |  | | | 实训场地（㎡） | | | | |  | | |
| 实训岗位个数 | | | |  | | | | | | | | | | |
| 主要实训设备 | 设备名称 | | | | 型号 | | | | | | 数量 | | | | |
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| 遴选培训  机构承诺 | | 年 月 日 | | | | | | | | | | | | | | |
| 县评审组意见 | | 签名：  年 月 日 | | | | | | | | | | | | | | |