附件2

编号：

## 大连市政府补贴新型学徒制培训

## 机构申报表

申请机构（盖章）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申请机构负责人 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申请日期 \_\_\_\_\_ 年\_\_\_\_月\_\_\_\_日

填表说明

1．本表一式两份，申请机构、区级就业培训负责部门各留存一份；

2．封面“申请机构”，请填写全称，并加盖单位公章；

3．封面“编号”，为8位数。前2位为审批年份，3-4位为审批月份，5-6位为审批日期，7-8位为年度审批序号；如：19121001，表示该机构于2019年12月10日审批通过，年度审批序号为1；

4．“管理人员”包括负责人、财务人员、教学管理人员；

5．“授课师资情况”中“理论/实操”栏可根据教师实际授课情况勾选“理论”、“实操”、“理论和实操”；

6．申报教师需提供资质材料原件或复印件（复印件需加盖申请单位公章）：①相关专业学历证书；②本专业职业资格证书或相应专业中级以上专业技术职称证书；③非师范类院校毕业教师，还需提交教师证或教育学、心理学结业证书或考试合格成绩单；

7．租用教学场地需提供有效期两年以上的租赁合同原件及复印件（复印件需加盖申请单位公章）；

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| **基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申**  **请**  **机**  **构**  **信**  **息** | | 机构名称 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 法人代表 | | | | | |  | | | | | | | | | 联系电话 | | | | |  | | | | | | |
| 登记地址 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 办学许可证号 | | | | | |  | | | | | | | | | 颁证机关 | | | | |  | | | | | | |
| 办学批准文号 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 开户行 | | | | | |  | | | | | | | | | 银行账号 | | | | |  | | | | | | |
| **培训促就业措施** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **申请项目** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训职业（工种） | | | | | | | | | | | 培训等级 | | | | | 培训职业（工种） | | | | | | | 培训等级 | | | | |
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| **人员情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教职工总人数 | | | | | | | | | |  | | | | | 管理人员人数 | | | | | | |  | | | | | | |
| 专职教师人数 | | | | | | | | | |  | | | | | 兼职教师人数 | | | | | | |  | | | | | | |
| **管**  **理人**  **员**  **授课师资** | 姓名 | | | | | 年龄 | | | | 学历 | | 职称（或职业资格证） | | | | | | | 职务 | | | 专职/兼职 | | | | | 联系电话 | |
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| 姓名 | | | 年龄 | | | 学历 | | | 职业资格（或职称）  名称及等级 | | | | | 授课职业（工种） | | | | | | 授课  等级 | 专职/  兼职 | | 理论/实操 | | | |
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| **培训场地及设施设备情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **培训场地** | | | 场地 | | | | | | 教室（间） | | | | | | | | | | | 实习场地 | | | | | | | |
| 总面积 | | | | | 间数 | | | | | | 总面积 | | | | | 工位数 | | |
| 自有 | | 规模 | | | |  | | | | |  | | | | | |  | | | | |  | | |
| 地址 | | | |  | | | | | | | | | | |  | | | | | | | |
| 租赁 | | 规模 | | | |  | | | | |  | | | | | |  | | | | |  | | |
| 出租单位 | | | |  | | | | | | | | | | |  | | | | | | | |
| 地址 | | | |  | | | | | | | | | | |  | | | | | | | |
| 租赁起止时间 | | | |  | | | | | | | | | | |  | | | | | | | |
| **主要培训**  **设施**  **设备** | | | 名称 | | | | | | 型号 | | | | 数量  （单位） | | | | | 自有/  租用 | | 适用专业 | | | 适用等级 | | | 同一时间段实训人数 | |
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| **管理制度情况（制度名称及主 要 内容）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **申请机构承诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺：近3年来，本单位没有发生安全事故和违法违规行为，社会信誉良好，无不良记录，并对本次填报的上述各项信息及提供资料真实性负责。如有虚假，将自行承担相应法律责任和损失。  印章  年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **评审专家意见** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专家签字：  年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **区市县、先导区就业培训负责部门审批意见** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 印章  年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |