自主就业退役士兵职业技能培训承训机构申报表

培训机构（盖章）： 申报日期: 年 月 日

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| 培训机构全称 | |  | | | | | 法定代表人 | | | | | |  | | | | | | |
| 联系电话 | | | | | |  | | | | | | |
| 机构详细地址 | |  | | | | | 联系人 | | | | | |  | | | | | | |
| 联系电话 | | | | | |  | | | | | | |
| 办学许可证号 | |  | | | | | 批准文号 | | | | | |  | | | | | | |
| 发证机关 | |  | | | | | 单位性质 | | | | | |  | | | | | | |
| 电子邮箱 | |  | | | | | 邮政编码 | | | | | |  | | | | | | |
| 可同时容纳培训人数 | |  | | | | | | | | | | | | | | | | | |
| 教学场地  及设施 | | 占地面积 ㎡ | | | | 建筑面积 ㎡ | | | | | | | 实训场地 ㎡ | | | | | | |
| 普通教室 ㎡ | | | | | | | | 多功能教室 ㎡ | | | | | | | | | |
| 电教室配置情况 间 | | | | | | | | 每间电教室计算机 台 | | | | | | | | | |
| 会议室 间 ㎡ | | | | | | | | | | | | | | | | | |
| 餐厅容纳 （人） | | | | | | | | 宿舍容纳 （人） | | | | | | | | | |
| 其他教学设备情况 | |  | | | | | | | | | | | | | | | |
| 人员  情况 | 职工  人数 | | 管理人员 | | 人 | | | | | | | | | | | | | |
| 教 授 | | 人 | | | | | | | | | | | | | |
| 副教授 | | 人 | | | | | | | | | | | | | |
| 职称人数 | | 高级职称人数 | | | | | | | 人 | | | | | | |
| 中级职称人数 | | | | | | | 人 | | | | | | |
| 编制人数 | | 在编人数 | | |  | | | | 聘用人数 | | |  | 其他 | |  |
| 拟申报的培训专业 | 专业名称 | | | | 培训层次 | | | | | | | | | | | | | |
| 高级技师 | | | | 技师 | | 高级 | | | 中级 | | | 初级 | |
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| 培训机构办学概况及近三年培训业绩（含退役军人培训） |  | | | | | | | | | | | | | | | | | |
| 退役军人事务部门审核意见 | 单位（公章）：  年 月 日 | | | | | | | | | | | | | | | | | |