附件1.

**瓮安县2021年公开遴选职业技能培训**

**定点培训机构申请表**

遴选项目： 瓮安县职业技能培训

遴选单位

法人代表：

遴选单位

（公 章）：

年 月 日

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| 机构名称 | | |  | | | | | | | 负责人（法人） | | |  | | |
| 单位地址 | | |  | | | | | | | 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 | | | | | |  | | |
| 许可证号码 | | |  | | | | 许可范围 | | | | | |  | | |
| 培训情况 | 培训工种  简介 | |  | | | | | 擅长培训  工种简介 | | | | |  | | |
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| 师资  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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| 基础  设施 | 培训场地 | 理论教室（㎡） | | |  | | | | 实训场地（㎡） | | |  | | |
|  | 主要实训设备 | 设备名称 | | | 型号 | | | | | | | 数量 | | |
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| 遴选承诺 | | 本机构提供的参选申报材料合法真实有效，如有虚假，愿承担相应法律责任。  参选机构法定代表人签字：  （公章）：  年 月 日 | | | | | | | | | | | | |
| 资格初审意见 | | 经办人签字： 负责人签字：  年 月 日 年 月 日 | | | | | | | | | | | | |
| 实地评估意见 | | 实地评估组签字： | | | | | | | | | | | | |
| 审批意见 | |  | | | | | | | | | | | | |