附件1

退役军人职业技能培训承训机构

申 报 表

申报单位（盖章）

主 管 部 门

填 报 时 间

湖北省退役军人事务厅 制

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| 单位名称 | | |  | | | | | | | | | | | | | | | | | | | | |
| 主管部门 | | |  | | | | | | | | | | | | 营业执照类别 | | | | |  | | | |
| 单位通讯地址 | | |  | | | | | | | | | | 邮编 | |  | | | | | 邮箱 | |  | |
| 负责人 | | |  | | | | | | | | | | 职务 | |  | | | | | 电话 | |  | |
| 联系人 | | |  | | | | | | | | | | 职务 | |  | | | | | 电话 | |  | |
| 可同时容纳培训人数 | | |  | | | | | | | | | | | | | | | | | | | | |
| 教 学 场 地 及 设 施 | 固定资产 万元 | | | | | | | | | | | 培训场地面积 | | | | | | | 自有 ㎡ | | | | |
| 实训场地 ㎡ | | | | | | | | | | | 租赁 ㎡ | | | | |
| 理论教室 间 ㎡ | | | | | | | | | | | | | | 多功能教室 间 ㎡ | | | | | | | | |
| 电教室（计算室）配置情况 | | | | | | | | | 电教室计算机 台（技工院校填写） | | | | | | | | | | | | | |
| 其它教学设施设备 | | | | | | |  | | | | | | | | | | | | | | | |
| 近三年年平均培训人数 | | | | | | | 人 | | | | | | | | 近三年校企合作项目 | | | | | | | 个 |
| 人 员 情 况 | 现有人数（人） | | | 管理人员(人) | | | | | | | | | |  | | | | | | | | | |
| 专职财务人员（人） | | | | | | | | | |  | | | | | | | | | |
| 专职教师(人) | | | | | | | | | |  | | | | | | | | | |
| 兼职教师(人) | | | | | | | | | |  | | | | | | | | | |
| 职业培训专职教师情况 | 姓名 | | | | 学历 | | 毕业学校、时间及专业 | | | | | | | | | | 职称/  职业资格 | | | | 现任课专业、年限 | | |
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| 职业培训兼职教师情况 | 姓名 | | | | 学历 | | 毕业学校、时间及专业 | | | | | | | | | | 职称/  职业资格 | | | | 现任课专业、年限 | | |
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| 上年度职业技能培训工作情况 | | 参训人数 | | | | | | | |  | | | | | | | | | | | | | | |
| “双证”获取率 | | | | | | | |  | | | | | | | | | | | | | | |
| 培训就业率 | | | | | | | |  | | | | | | | | | | | | | | |
| 推荐就业主要渠道 | | | | | | | |  | | | | | | | | | | | | | | |
| 机构（学员）获奖情况 | | | | | | | |  | | | | | | | | | | | | | | |
| 拟申报的培训专业 | | 专业名称 | | | | | 培训层次 | | | | | | | | | | | | | | | | | |
| 高级 | | | | | 中级 | | | | | | | 初级 | | | | | |
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| 申报单位在本地区、本行业培训管理体系中的地位、作用、特色优势 | |  | | | | | | | | | | | | | | | | | | | | | |
| 市（州）退役军人  事务局意见 | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 省退役军人事务厅  审核意见 | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |

说明：表格空间不足可附页