南通市区职业技能培训企业备案申请表

单位名称(盖章)

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| 单位  资质  情况 | 单位地址 | | |  | | | | | | | | | | 法定代表人 | | | |  | |
| 营业执照统一社会信用代码 | | |  | | | | | | | | | | 单位参保人数 | | | |  | |
| 经营范围 | | |  | | | | | | | | | | | | | | | |
| 培训负责人 | | |  | | 联系电话 | | | | |  | | | | | | | | |
| 经办人 | | |  | | 联系电话 | | | | |  | | | | | | | | |
| 申请开展职业技能培训专业（工种）  所具备的相应师资设施设备情况 | 培训项目（工种）： | | | | | | | | | | | | | | | | | | |
| 理论教学场所（ ）个，总面积（ ）平方米， | | | | | | | | | | | | | | | | | | |
| 实习场所（ ）个，总面积（ ）平方米 | | | | | | | | | | | | | | | | | | |
| 师资情况 | 培训师资数（ ）人，高级 %，中级 % | | | | | | | | | | | | | | | | | |
| 硕士及以上（人） | | | 本科（人） | | 大专 （人） | | | | | 具有职称（人） | | | 双师型（人） | | | | |
|  | | |  | |  | | | | |  | | |  | | 占 % | | |
| 教师名单 | 姓名 | 毕业学校及专业 | | | | | 文化程度 | 职称名称及等级 | | | | 授课专业（工种） | | | 理论/实习 | | | 专职/兼职 |
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| 设 备 | 主要设备名称 | | | | 数量 | | | | 备注 | | | | | | | | | |
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| 申请开展培训的事由： | | | | | | | | | | | | | | | | | | | |

备注：1、兼职教师不得超过总教师人数的20%；2、备案地点：南通市工农南路150号政务中心裙楼三楼90号窗口，电话：59001208。