附件

**江苏省产业人才培训基地申请表**

申请单位 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（盖章）

负 责 人 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填报日期 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**江苏省工业和信息化厅印制**

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| **单位基本情况** | **单位名称** | | |  | | | | | | | | **主 管 部 门** | | |  | | |
| **法定注册地址** | | |  | | | | | | | | **单 位 网 址** | | |  | | |
| **详细办公地址** | | |  | | | | | | | | **邮 编** | | |  | | |
| **法人代表** | | |  | | | | | | | | **电 话** | | |  | | |
| **单位负责人** | | |  | | | **职务** | |  | | | **电 话** | | |  | | |
| **联 系 人** | | |  | | | **职务** | |  | | | **电 话** | | |  | | |
| **传真** | |  | | | **EMAIL** | | |  | | |
| **注册资金（万元）** | | |  | | | | | | | | **培训面积（平米）** | | |  | | |
| **办学形式** | | | **□高校□ 行业协会□培训机构□其他** | | | | | | | | | | | | | |
| **主营业务或**  **经营范围** | | |  | | | | | | | | | | | | | |
| **已取得的培训业务资质情况** | | | **资质名称** | | | | | **批准部门** | | | | | **批准时间** | | | |
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| **培训业务开展情况** | **培训业务开展年限** | | | |  | | | | **已培训人次** | | | | |  | | | |
| **上一年度培训人次** | | | |  | | | | **其中：中高层人次** | | | | |  | | | |
| **本年度计划培训人次** | | | |  | | | | **其中：中高层人次** | | | | |  | | | |
| **主要培训领域** | | |  | | | | | | | | | | | | | |
| **特色**  **培训**  **课程** | | | **名称** | | | | | **课程来源** | | | | | **认证机构** | | | |
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| **培训业务开展情况** | **与企业**  **院校合**  **作情况** | | | **合作单位名称** | | | | | **合作内容** | | | | | **合作年限** | | | |
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| **培训师资构成** | **培训师资**  **（人）** | | |  | | | **其中** | | **高级职称（人）** | | | | |  | | | |
| **中级职称（人）** | | | | |  | | | |
| **其中** | | **专职教师（人）** | | | | |  | | | |
| **外聘教师（人）** | | | | |  | | | |
| **姓名** | **性别** | **年龄** | **毕业院校**  **及专业** | | | **学历** | | **职称** | | | | **教龄（年）** | **特色课程** | | | **专/兼职** |
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| **培训条件** | **教学面积**  **（平米）** | | |  | | **实验机器（台）** | | | | |  | | | **实训岗位（个）** | |  | |
| **设施配套情况** | | | | | | | | | | | | | | | | |
| **硬件设施名称** | | | | **型号**  **规格** | | | **数量** | | **主要用途** | | | | | | | |
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| **申请报告** | *内容包括单位详细发展历程、去年以来的培训情况和效果、培训特色和优势，尤其是介绍培训基地的示范性体现在哪些方面。* | | | | | | | | | | | | | | | | |
| **相关部门意见** | 申请  单位  意见 | | | （公 章）  法人（签字）： 年 月 日 | | | | | | | | | | | | | |
| 设区市及有  关市县经信委、省直有关单位初选意见 | | | （公 章）  负责人（签字）： 年 月 日 | | | | | | | | | | | | | |
| 专家组  复核意见 | | | 负责人（签字）： 年 月 日 | | | | | | | | | | | | | |
| 省工信厅  意见 | | | （公 章）  负责人（签字）：年 月 日 | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | |