附件4

辽宁省民办职业培训学校审批表

学校名称:

法定代表人:

负 责 人:

联系电话:

**辽宁省人力资源和社会保障厅制**

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| 申请单位 | | |  | | | | | | | | | | | | | | |
| 办学地址 | | |  | | | | | | | | | | | | | | |
| 培  训  专  业  或  工  种 | | | 名 称 | | | | 培训等级 | | | | | 培训时限 | | | 选用教材 | | |
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| 培训规模 | | |  | | | | | | | | | | | | | | |
| 学校场地及设施情况 | | | | | | | | | | | | | | | | | |
| 场  地  情  况 | 教 室 | | | | | | | | | | | 实习场地 | | | | | |
| 功能 | | | 数量 | | | | m2 | | | | 功能 | | 数量 | | m2 | |
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| 办公用房: | | | | | | | | | | | | | | | | |
| 教  学  实  习  设  备 | 教学设备 | | | | | | | | | 实习设备 | | | | | | | |
| 名称 | | | | | 数量 | | | | 名称 | | | 数量 | | | | |
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| 人员情况 | | | | | | | | | | | | | | | | | |
| 教职工  总数 | | |  | | 专职教师: 兼职教师: 管理人员: | | | | | | | | | | | | |
| 管  理  人  员 | 姓名 | | 职务 | | 职称(等级) | | | | | | 文化程度 | | 从业年限 | | | | 专/兼职 |
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| 专  业  理  论  课  教  师 | 姓名 | | 文化  程度 | | 职称  （等级） | | | | 教龄  （专业工龄） | | 承担课程 | | 工作单位及职务 | | | | 专/兼职 |
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| 实  习  指  导  教  师 | 姓名 | | 文化  程度 | | 职称  （等级） | | | | 教龄  （专业工龄） | | 承担课程 | | 工作单位及职务 | | | | 专/兼职 |
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| 举办  单位  （个人）  意见 | | （签字/盖章）  年 月 日 | | | | | | | | | | | | | | | |
| 审批机关  意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | |

填 表 说 明

1．本表由申报单位负责填写，审批机关按照管理权限进行审批；

2．申报本表时，须附申办职业（工种）的培训大纲、培训计划及所选用的教材；

3．本表一式三份正反面打印，如填写内容较多，可另加附页。审批机关、人力资源社会保障行政部门、举办单位（举办人）各执一份。