附件1：

**北京市民办职业技能培训学校申请表**

学校名称（已设立机构）：

预核准名称（新申请设立）：

申请事项联系人：

联系电话：

北京市人力资源和社会保障局制

**填 表 说 明**

1、本表采用A4纸打印或钢笔毛笔填写，一式二份。申请单位（个人）、区人力资源和社会保障局各一份。

2、拟办机构名称统一使用“北京市××区××职业技能培训学校”。

3、办学经费来源：①应明确是否属于非国家财政性经费。②以国有资产参与举办学校的，应当根据国有资产监督管理的规定办理相关手续。

4、“申请人声明”一栏，申请者为单位的由单位填写，由单位负责人签字并加盖公章；申请者为个人的由个人填写并签字盖章。

5、本表“批准文号”一栏，填写区人力资源和社会保障局批准成立民办培训学校（院）的发文号。

6、如填写内容较多，可另加A4纸附页。

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| **新申请学校填写下列内容** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 预核准名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟定办学地址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | | | | | | |  | | | | | | | | | | | | 联系人及  联系电话 | | | | | | | | | |  | | | | | | | | | |
| 拟定法定代表人 | | | | | | | |  | | | | | | | | | | | | 身份证号码 | | | | | | | | | |  | | | | | | | | | |
| 拟定校长 | | | | | | | |  | | | | | | | | | | | | 身份证号码 | | | | | | | | | |  | | | | | | | | | |
| 注册资金 | | | | | | | | 万元 | | | | | | | | | | | | | | | 固定资产 | | | | | | | | | | | 万元 | | | | | |
| 是否要求取得  合理回报 | | | | | | | | 要求取得合理回报（ ）  不要求取得合理回报（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 举办者 | | | | | 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 性质 | | | 企业（ ）、事业（ ）、社会团体（ ）、个人（ ）、其它（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 首届董事会或其他决策机构成员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | 性 别 | | | 年 龄 | | | | | | | | 文化程度 | | | | | | | 职称或职业资格（名称和等级） | | | | | | | | | | | 拟 任  何 职 | | | | | 从事专业  年限 | |
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| 管理人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | 性 别 | | | 职 务 | | | | | | | | 文化程度 | | | | | | | 职称（等级） | | | | | | | | | | | 专 职 | | | | | 兼 职 | |
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| **已取得办学许可证学校填写下列内容** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学校名称 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 办学地址 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | | | | | | | |  | | | | | | | | | | 联系电话 | | | | | | | | |  | | | | | | | | | | | |
| 法定代表人 | | | | | | | | |  | | | | | | | | | | 身份证号码 | | | | | | | | |  | | | | | | | | | | | |
| 校长 | | | | | | | | |  | | | | | | | | | | 身份证号码 | | | | | | | | |  | | | | | | | | | | | |
| 办学许可证编号 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | 有效期限 | | | | | | | |  | | | |
| 银行开户许可证 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 税务登记证 | | | | | | |  | | | |
| 组织机构代码证书 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 已开展培训职业（工种） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名 称 | | | | | | | | | | | | 职业编码 | | | | | | | | | | | | | | | | | | | 培训等级 | | | | | | | | |
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| **以下内容所有学校均需填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 办学经费  来源 | | | | | | （必须明确是否国家财政性经费） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训场地 | | | | | | 自有（ ）、租用（起止时间： 年 月 日- 年 月 日）  其他＿＿＿＿＿＿＿ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 形式 | | | | | | | 总使用  面积（M2） | | | | | | | | 办公用房  （M2） | | | | 教室（M2） | | | | | | | 实习场地  （M2） | | | | | | | 可同时培训人数（人） |
| 自有 | | | | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | | | |  |
| 租用 | | | | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | | | |  |
| 培训对象 | | | | | | □失业人员 □本市农村劳动力 □企业在职职工  □退役军人 □在校学生 □其它＿＿＿ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教职工总数 | | | | | |  | | | | | | | | 专职教师： 兼职教师： 管理人员： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 办学管理  制度 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **以下按申请职业（工种）分别填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 类 型 | 职业名称 | | | | | | | | | | 工种编码 | | | | | | | 培训等级 | | | | | | 培训课时 | | | | | | | | | | | 拟选用教材 | | | | |
| □通用  □行业  □其它 |  | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | |
| 专业  理论  教师 | | 姓名 | | | | 学历 | | | | 职称  （等级） | | | | | | | 教龄  （专业工龄） | | | | | | | | | 承担课程 | | | | | | | | | | | 专（兼）职 | | |
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| 实习  指导  教师 | |  | | | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | |
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| 培训  设备  设施  情况 | | 序号 | | | | 设备设施名称 | | | | | | | | | | | | | | | | | | | | 型号 | | | | | | | | | | | 数量 | | |
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| 申请人声明  本申请人（作为举办者的单位或个人）郑重声明：本申请表所  填内容及所提交的全部资料均正确无误、真实有效。如有虚假愿承  担相应的法律责任。  申请人签名（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专  家  小  组  评  估  意  见 | | | （师资配备、场地、设备、教学资料、实地验收及相关情况意见、建议）  专家签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区人  力资源  和社会  保障局 | | | 经办人  意见 | | | | | | | | 经办人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管科长  审核意见 | | | | | | | | 签 字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管局长  审核意见 | | | | | | | | 签 字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公示时限 | | | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核准培  训职业  及等级 | | | 批准文号：  职业（工种）名称及等级： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 许可证  编号 | | |  | | | | | | | | | | | | | 有效期限 | | | | | | | | | | |  | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |