附件1

中卫市公共就业服务能力提升

项目制培训申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、单位基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | |  | | | | | | | | | | | 地址 | | | | | | |  | | | | | |
| 社会信用  代码号 | | | | |  | | | | | | | | | | | 有无相应  培训资质 | | | | | | |  | | | | | |
| 办学许  可证号等 | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| 户名 | | | | |  | | | | | | | | | | | 开户行 | | | | | | |  | | | | | |
| 银行账号 | | | | |  | | | | | | | | | | | 法定代表人 | | | | | | |  | | | | | |
| 法定代表人联系电话 | | | | |  | | | | | | | | | | | 填报人 | | | | | | |  | | | | | |
| 填报人  联系电话 | | | | |  | | | | | | | | | | | 职工人数 | | | | | | |  | | | | | |
| **二、项目基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目（工种名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 项目培训生源 | | | | | | | | 🞎本企业职工 🞎企业定向招录 🞎定向群体 🞎自主招生 🞎其他 | | | | | | | | | | | | | | | | | | | | |
| 项目培训情况 | | | | | | | | 🞎培训体系完善，曾开展过 🞎培训体系完善，未开展过 | | | | | | | | | | | | | | | | | | | | |
| **三、申报项目相关条件** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **师 资** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 姓名 | | | | 身份证号 | | | | | | | | 学历 | | | | | 专业 | | | | | 职称或职业资格 | | | | 负责课程内容 |
| 专职教师 | |  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
| 兼职教师 | |  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  |
| **场 地** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 实训教学教室 | | | | | | | | | | | | | | | | | 实习操作工位数 | | | | | | | | |
| 自有 | | | 个 | | | | | | | | 平米 | | | | | | | | | 个 | | | | | | | | |
| 租用 | | | 个 | | | | | | | | 平米 | | | | | | | | | 个 | | | | | | | | |
| **设 备** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 设备名称 | | | | | | | | | 型号 | | | | | | 单台价格 | | | | | | | 数量 | | | |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
| **考 务 人 员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 姓名 | | | | 身份证号 | | | | | | | | 学历 | | | 专业 | | | 职称或职业资格 | | | | | | | 任教领域 |
| 考评人员 | | |  | | | |  | | | | | | | |  | | |  | | |  | | | | | | |  |
|  | | | |  | | | | | | | |  | | |  | | |  | | | | | | |  |
|  | | | |  | | | | | | | |  | | |  | | |  | | | | | | |  |
| **四、项目申报计划及经费预算** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训对象 | | | | | | | | 本项目培训人数 | | | | 本项目期数 | | | | | | 每期培训人数 | | | | | | | 培训计划时间 | | | |
|  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |
| 培训课时 | | | |  | | | | | | 授课老师 | | | |  | | | | | | | | 考务阅卷人员 | | | | |  | |
| 预 算 明 细（参考示例） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 项目名称 | | | | | | 单价 | | | | 数量 | | | | 计量单位 | | | | | | | 金额 | | 备注 | | |
| 1 | | | 课时费用 | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 2 | | | 管理费用 | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 3 | | | 物业费用 | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 4 | | | 材料消耗费用 | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 5 | | | 资料费用 | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 6 | | | …… | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 7 | | |  | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| 8 | | |  | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
|  | | | …… | | | | | |  | | | |  | | | |  | | | | | | |  | |  | | |
| **五、培训方案**   1. 单位基本情况。单位基本情况、办学优势、培训业务、获得荣誉等（可附相关支撑材料）、。 2. 项目基本情况。   1.包括项目定义、内容；  2.精准定位培训对象；  3.准确 描述培训环境条件和培训要求等；培训工种的师资、场地、实训设备等。  （三）培训调研分析。该项目培训的市场需求、培训者意愿、项目培训效果及发展前景等。  （四）培训标准。  1.课程计划和大纲；  2.课程安排；  3.实训技能训练；  4.教案；  5.教材（讲义）；  6.内部管理制度；  7.考核要素细目等；  8.考核题目（原则理论不少于300题，实操不少于3套试卷）  （五）培训预期效应。包括培训成效（实际参培率、培训合格率、项目资金使用情况等）、社会成效（项目共享程度、就业率、满意度等）。  （六）其他。  法定代表人签字（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **六、项目制培训立项结果** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **县级部门审核意见及盖章** | 审核意见：🞎推荐市级立项 🞎不立项  盖章： 盖章：  盖章： 盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **市级部门审核意见及盖章** | 审核意见：🞎推荐市级立项 🞎不立项  盖章： 盖章：  盖章： 盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注：一个培训项目填报一张本表格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |