附件3

**职业技能实训基地项目申报表**

申报单位名称：

申报基地名称：

申报单位主管单位：

申报单位法人：

项目负责人：

申报日期： 年 月 日

吉林省人力资源和社会保障厅

吉 林 省 财 政 厅

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| **申报单位名称** |  | | | | **单位性质** |  | |
| **主要负责人** |  | **办公电话** |  | | **手机** |  | |
| **项目负责人** |  | **办公电话** |  | | **手机** |  | |
| **E\_mail** |  | | | | **传真** |  | |
| **通信地址** |  | | | | **邮政编码** |  | |
| **开户银行及资金账号** |  | | | | | | |
| **单位占地面积** |  | **培训场所面积** |  | **年培训人数** | | |  |
| **专职教师人数** |  | **兼职教师人数** |  | **双师型教师人数** | | |  |
| **是否为职业技能实训基地，何时何部门认定** |  | **全日制在校生人数** |  | **年鉴定人数（限填本省内鉴定情况）** | | |  |
| **申请职业技能实训基地建设项目制度、管理规章等（具体内容可附页）** |  | | | | | | |
| **校企合作情况（合作协议、合同等附页说明）** |  | | | | | | |
| **五年内（2013年—2017年）接受各级人社、财政、审计、监察部门的监督检查出现的问题及整改情况** |  | | | | | | |

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| **拟**  **建**  **职**  **业**  **技**  **能**  **公**  **共**  **实**  **训**  **基**  **地**  **条件**  **、**  **规划要点** | **职业（工种）名称** |  | **是否属新建、改扩建** |  |
| **工位数** |  | **建筑面积** |  |
| **其中：原有工位数** |  | **其中：原有建筑面积** |  |
| **新增工位数** |  | **新增建筑面积** |  |
| **管理人员人数** |  | **专业教师人数** |  |
| **预计实训人次/年** |  | **其中：专职教师人数** |  |
| **其中：培训本单位人数/年** |  | **兼职教师人数** |  |
| **对外培训人数/年** |  | **“双师型”教师人数** |  |
| **在省内年鉴定人数（以在省、市、县鉴定中心鉴定合格人数为准）** |  | **具有高级职称人数** |  |
| **预算概况(含资金总额、资金组成等要素)** | | | |
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| **拟建项目负责人基本情况** | | | | | | | | |
| **姓名** |  | | **年龄** | |  | **职务和职称** | |  |
| **教学**  **生产**  **经历** |  | | | | | | | |
| **业务**  **专长** |  | | | | | | | |
| **其它** |  | | | | | | | |
| **拟建项目实施队伍情况** | | | | | | | | |
| **姓名** | **年龄** | **职务和职称** | | **教学或生产经历** | | | **业务专长** | **专职或兼职** |
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| **拟建项目现有主要仪器设备清单** | | | | | | | |
| **序号** | **品名** | **规格型号** | **单位** | **数量** | **单价** | **总金额** | **现性能** |
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| **拟建项目拟购仪器设备清单** | | | | | | | |
| **序号** | **品名** | **规格型号** | **单位** | **数量** | **单价** | **总金额** | **备注** |
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备注：如内容较多，可附加说明。

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| **申报**  **单位**  **意见** | （盖章）  年 月 日 |
| **专家**  **评审**  **意见** |  |
| **各市（州）、县（市）人力资源社会保障行政部门推荐意见** | （盖章）  年 月 日 |
| **申报**  **单位**  **主管**  **部门**  **审核**  **意见** | （盖章）  年 月 日 |
| **省教**  **育行**  **政部**  **门审**  **核意**  **见** | （盖章）  年 月 日 |
| **省人**  **力资**  **源社**  **会保**  **障行**  **政部**  **门审**  **批意**  **见** | （盖章）  年 月 日 |

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| **专**  **家**  **信**  **息** | 姓名 | 单位及职务/职称 | 手机 | 签名 |
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| 备注：专家人数应为单数，且不得少于3人。 | | | |