附件2

昆明市西山区职业技能提升行动培训教学

计划申报审批表

培训申报单位：

二Ｏ一 年 月 日

附件2.表一：

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| **培训类型** | **□职业资格证书 □技能等级证书 □专项能力证书 □培训合格证书** | | | | | | | | |
| **培训单位** |  | | | | **培训单位地址** | | |  | |
| **培训班地址** | | |  | |
| **负责人** |  | | | | | | **电 话** |  | |
| **培训专业** |  | | | | | | **班主任** |  | |
| **云南省职业技能网络培训平台班级编码：** | | | | | | |  | | |
| **培训人数** |  | **男** |  | **培训对象** | | **企业职工** | | | **人** |
| **失业人员** | | | **人** |
| **农村转移就业劳动力** | | | **人** |
| **就业困难人员** | | | **人** |
| **女** | **残疾人** | | | **人** |
| **退役军人** | | | **人** |
| **毕业年度及离校未就业高校毕业生** | | | **人** |
|  | | |  |
| **培训时间** |  | | | | | | **考试时间** | **年 月 日** | |
| **总 课 时** |  | | | | | | **开班时间** | **年 月 日** | |
| **鉴定时间** | **年 月 日** | | | | | | **鉴定单位** |  | |
| **培 训**  **单 位**  **意 见** | **经办人： 负责人： （公章）**  **20 年 月 日** | | | | | | | | |
| **县（市）区劳动就业服务机构审批意见** | **经办人： 负责人： （公章）**  **20 年 月 日** | | | | | | | | |

附件2.表二：

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| **理论课**  **教 师** | **姓 名** | | **文化程度** | **专 业** | **职 称** | **授 课 内 容** |
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| **实作课**  **教 师** |  | |  |  |  |  |
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| **实习地点** | | **实 作 内 容** | | | **要 求 与 目 的** | |
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附件2.表三：

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| 项  目  课  时  课  程 | **公共课** | | **理论课** | | **实作课** | | **职业资格**  **鉴定** | |
| **课时** | **比例** | **课时** | **比例** | **课时** | **比例** | **课时** | **比例** |
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| **合 计** |  |  |  |  |  |  |  |  |