**附件**

**创新类创业培训定点机构认定申报表**

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| 培训机构名称  （盖章） | |  | | 性质  （公办、民办） | |  |
| 培训机构地址 | |  | | 邮政编码 | |  |
| 统一社会信用代码 | |  | | | | |
| 法人代表姓名及联系电话 | |  | | | | |
| 校长姓名及联系电话 | |  | | | | |
| 承办人姓名及联系电话 | |  | | | | |
| 许可证核发部门 | |  | 许可证编号 | |  | |
| 许可培训项目 | |  | | | | |
| 教学场地地址  及面积（㎡） | |  | | | | |
| 培训课程名称 | | “沙盘推演、实战经营”创新类创业培训课程 | | | | |
| 教学及实操设施、设备 | |  | | | | |
| 业务范围 | |  | | | | |
| 提供创业服务服务承诺 | 培训考核结束后，对每一位学员提供创业服务：　🞎 是 　□ 否 | | | | | |

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| 教职人员情况 | | | | | | | | |
| 教职工总数：人 | | | 专职教师：人， 兼职教师：人， 管理人员：人 | | | | | |
| 管理人员 | **姓　名** | **职务** | | **职称或职业资格等级** | | **文化程度** | | **专兼职** |
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| 专业理论教师 | **姓　名** | **承担课程** | | **职称或职业**  **资格等级** | | **教龄或**  **专业**  **工龄** | **文化程度** | **专（兼）职** |
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| 创业  服务  专家 | **姓名** | **毕业院校及专业** | | | **职称或职业资格** | | | **全兼职** |
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