附表4-2

《新能源汽车维修职业技能等级评价考核基地申请表》

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| 培训考核基地  名称 | | | | |  | | | | | | | | | | | | |
| 办公地址 | | | | |  | | | | | | | | | | | | |
| 邮政编码 | | | | |  | | | | | | | | | | | | |
| 负责人姓名 | | | | |  | | | | 联系电话 | | |  | | | | | |
| 已开展汽车及相关培训项目/专业 | | | | | | | | | | | | | | | | | |
| 序号 | 项目/专业名称 | | | | | | | 课程内容 | | | | | | | | | 培训/在校人数 |
| 1 |  | | | | | | |  | | | | | | | | |  |
| 2 |  | | | | | | |  | | | | | | | | |  |
| 教职工总人数 | | 专职培训师/教师： 兼职培训师/教师： 管理人员： | | | | | | | | | | | | | | | |
| 培训师/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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| 考评员 | |  | |  | |  | | | |  | | |  | | |  | |
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| 设备设施情况 | | 序号 | 设备设施名称 | | | | | | | | | | | 型号 | | 数量 | |
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| 场地 | | 总使用面积（㎡） | | | | | 办公区域（㎡） | | | | 理论教室面积（㎡） | | | | 实训场地面积（㎡） | | |
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| 办学培训管理制度目录 | |  | | | | | | | | | | | | | | | |
| 本申请单位郑重声明：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。  签名（盖章）：    年     月    日 | | | | | | | | | | | | | | | | | |