**深圳市残疾人参加职业技能培训补贴申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | 性 别 | | | | | |  | | | | | | 年 龄 | | | | |  | | |
| 身份号 |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | | |  |  |  |  | 残疾证号  后两位 |  |  |
| 残疾类别  及等级 |  | | | | | | | | | | | | | | | | | | 社保  电脑号 | | | | |  | | |
| 户口所在地 | 区 街道 | | | | | | | | | | | | | | | | | | 家庭电话 | | | | |  | | |
| 居住地址 |  | | | | | | | | | | | | | | | | | | 手 机 | | | | |  | | |
| 申请人开户银行名称及帐号 | 户名： 开户行： 账号： | | | | | | | | | | | | | | | | | | | | | | | | | |
| **培训情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训项目 | | | | | | | 培训机构 | | | | | | | | | | | 取得的培训合格证书  或职业资格证书 | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **申请补贴情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请培训补贴费用 元 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审批情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区残疾人综合服务中心意见 | | 根据《深圳市扶持残疾人就业办法》第十九条规定，培训补贴标准：1、取得培训合格证书的，给予60%培训费的核销；2、取得职业资格证书的，给予全额培训核销。 申请参加 培训取得 ，给予培训费🞎60% 🞎100% 的核销，共 元正，此培训项目在国家职业资格目录清单里。拟同意，呈领导审批。  审核人 ： 单位负责人： （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 区残联意见 | | 单位负责人： （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |