**深圳市残疾人参加职业技能培训申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |  | | |
| **培训项目** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训项目 | | | | | | | 培训机构 | | | | | | | | | | | 拟取得的培训合格证书  或职业资格证书 | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **培训费用** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加培训费用不超过 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 培训考试后取得相关证书，按文件规定给予培训费用办理，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 | | | | | | | | | | | | | | | | | | | | | | | | |

填表日期： 年 月