**江苏省高等职业院校教师**

**省级培训项目申报书**

申报单位（公章）：

培训项目名称：

培训项目类别：

项目类别代码：

培训项目编码：

项目负责人：

联 系 方 式 ：

填 表 日 期 ：

**江苏省高等职业教育教师培训中心制**

**填 表 说 明**

一、本申报书由拟承担江苏省高职院校教师省级培训项目单位填写。

1. **培训项目类别**分为：骨干教师教学能力提升培训、管理者专项培训项目和国际合作职业教育培训。
2. **项目类别代码**：请填写到具体小类，如S101、GS102等。
3. **培训项目编码**：根据招标文件中公布的7位项目编码填写，如2019S01、2019S02等。
4. 请如实、准确填写各项内容，所有栏目/表格均可根据申报内容需要自行增加页/行。**所填项目如无可填写“无”，但不可删除栏目**。
5. 每份申报书只能填写申报一个培训项目。
6. 本表须经申报单位领导审核，**并加盖单位公章后方可上报**。
7. **本表左侧装订成册，一式两份**报江苏省高等职业教育教师培训中心。

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| **培训项目名称** | |  | | | | | | | | | | | | | | **项目编码** | | | | | |  | | |
| **培训机构名称** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **培训类别** | |  | | | | | | | | **培训类别代码** | | | | |  | | | | | | | | | |
| **培训天数** | | **天** | | | | | | | | **计划培训人数** | | | | | **人** | | | | | | | | | |
| **起止时间** | | 20 年 月 日 至 20 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| **培训地点** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **条件和优势** | | 项目依托专业（学科）实力，在国内同行中的地位、优势与特色，其中国际合作职业教育培训项目须列出依托的资源平台 | | | | | | | | | | | | | | | | | | | | | | |
| **管理团队**  **（仅填报与申报项目相关的人员）** | | **序号** | | | | **姓名** | | **职务** | | | | **专业** | | | | | **学历** | | | **负责事务** | | | | |
| （可加行） | | | |  | |  | | | |  | | | | |  | | |  | | | | |
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| **网络展示主页及资源平台**  **（仅填写与培训内容密切相关并进行融合的部分）** | | 网站域名： | | | | | | | | | | | | | | | | | | | | | | |
| 主要网络课程资源（可加行） | | | | 序号 | 课程名称 | | | | 主讲人姓名及职称 | | | | | | | | 时长（学时） | | | | | 类型 |
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| **师资**  **团队** | | 详细列出投入该项目的师资团队情况，包括姓名、承担任务、职称（职务）、专兼职、所属单位等情况。其中国际合作职业教育培训项目须列出外籍专家（团队）名称及所属的国家，擅长的领域等，课程负责人等 | | | | | | | | | | | | | | | | | | | | | | |
| **培训**  **内容** | 请按照培训模块进行填写，如理论知识模块、专业实践模块、专业教学法模块等方面填写。每个模块请写明具体的课程名称、培训天数、师资来源（包括本校教师、校外本科院校教师、校外高职院校教师、行业企业教师等）。 | | | | | | | | | | | | | | | | | | | | | | | |
| 模块名称 | | | 课程要点 | | | | | 培训天数 | | | | 培训形式 | | | | | | | | 师资来源 | | | |
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| 总学时（天） | | | | | | | |  | | | | | | | | | | | | | | | |
| **实施**  **步骤** | 请根据培训内容、计划天数填写每天的培训安排（以半天为单位，培训学时每天按8个计算）。 | | | | | | | | | | | | | | | | | | | | | | | |
| 培训日期 | | 培训内容 | | | | | | | | | | | | | | | 培训学时 | | | | | 培训形式 | |
| 第1天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第1天下午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第2天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第2天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第3天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第3天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第4天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第4天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第5天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第5天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第6天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第6天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第7天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第7天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第8天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第8天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第9天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第9天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第10天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 第10天上午 | |  | | | | | | | | | | | | | | |  | | | | |  | |
| 其他需说明情况： | | | | | | | | | | | | | | | | | | | | | | | |
| **企业行业参与培训详细情况** | 是否有行业企业参加培训，专业性为主的培训项目此项必填。 | | | | | | | | | | | | | | | | | | | | | | | |
| **考核**  **办法** | 请按参训学员的培训考核和授课教师的评价两部分填写，其中对于培训学员的考核请写明每个考核形式及分值比例。 | | | | | | | | | | | | | | | | | | | | | | | |
| **保障**  **措施** | 培训过程中的管理、食宿条件及业余生活等方面 | | | | | | | | | | | | | | | | | | | | | | | |
| **经费**  **预算** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **其他**  **情况**  **说明** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **培训**  **牵头**  **部门**  **联系**  **方式** | **部 门** | | | |  | | | | | | | | | | | | | | | | | | | |
| **联 系 人** | | | |  | | | | | | | | | | | | | | | | | | | |
| **联系电话** | | | |  | | | | | | | | | | | | | | | | | | | |
| **传 真** | | | |  | | | | | | | | | | | | | | | | | | | |
| **手 机** | | | |  | | | | | | | | | | | | | | | | | | | |
| **电子邮箱** | | | |  | | | | | | | | | | | | | | | | | | | |
| **通讯地址** | | | |  | | | | | | | | | | | | | | | | | | | |
| **邮政编码** | | | |  | | | | | | | | | | | | | | | | | | | |
| **申报**  **单位**  **意见** | **负责人签字： （公章）**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |

说明：“申报单位意见”栏，原则上需由培训机构所在大学、企业主管领导签字并加盖单位公章