**研修**・**講座 受講申込書**

　短期訓練

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| コース  番　号 | |  | | 訓練科目 | | | | | | |  | | | | | | | | | | | | | | | | | 訓練  期間 | | | | 月　　日  ～　　月　　日  日間 | | | | |
| コース名 | | | | | | |  | | | | | | | | | | | | | | | | |
| 雇用保険  事 業 所  番　　号 | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | － |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | － |  | | | | | | | | | | | | | 産業分類 | そ　の　他  サービス業  卸・小売業  製　造　業  建　設　業 | | | | | | | | | 企業全体常用労働  者数(うち事業所  労働者数) | | | | | | | | | 人  ( 　 　人) | | |
| 資本金 | | | | 円 | | | | | | | |
| 事業所名  代表者名  職 氏 名 | | |  | | | | | | | | | | | | | | | | | | | | | | 担当者職名 | | | | | |  | | | | | |
| 担当者氏名 | | | | | |  | | | | | |
| 所 在 地 | | | 〒 | | | | | | | | | | | | | | | | | | | | | | Tel | | | | | | | | | | | |
| Fax | | | | | | | | | | | |
| E-mail | | | | | | | | | | | |
| 何れかに  ○印記入 | | | 雇　用  保険率 | | | 15.5/1000 | | | | | | | 17.5/1000 | | | | | | | | 18.5/1000 | | | | 建 設 業  許可番号 | | | | | | あり | | | | | なし |
| **事業所内での「職業訓練指導員免許」取得者数** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | |
| 番  号 | フ　リ　ガ　ナ  氏　　　名 | | | | | | 性  別 | | 雇用保険  被保険者番号 | | | | | | | | |  | | 生年月日 | | | |  |  | 役職名 | | | |  | | | 最　終　学　歴  （校名、科名） | | | |
|  | | 雇用年月日 | | | |  |  | 所属部署 | | | |  | | |
| １ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ２ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ３ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ４ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ５ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ６ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| ７ |  | | | | | | 男  ・  女 | |  | | | | | | | | |  | | ．　． | | | |  |  |  | | | |  | | |  | | | |
|  | | ．　． | | | |  |  |  | | | |  | | |
| **受講料の会員・会員**  **外の確認ﾁｪｯｸ(レ)欄** | | | | | |  | | --- | |  | | | | | | **会　員** | | | | |  | | --- | |  | | | | **会員外** | | | | | **会員の場合は**  **所属団体記入** | | | | |  | | | | | | | | | |
| **人材開発支援助成金申請の**  **該当項目確認ﾁｪｯｸ(レ)欄** | | | | | | | | |  | | --- | |  | | | | | **自社で行う** | | | | | | | |  | | --- | |  | | | | | 中空知地域職業訓練ｾﾝﾀｰへの  **事 務 委 託 で 行 う** | | | | | | | | |  | | --- | |  | | | | | **申請しない** | |
| 令和　　年　　月　　日  中空知地域職業訓練センター 所長 様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

○インボイス制度導入により、請求書または領収書をご希望の方はご連絡ください

○受講料をお振込みいただく場合は、下記の口座へお願いいたします

（振り込み手数料はご依頼人様にてご負担願います）

なお、振込の場合は、入金処理を速やかに行うため必ずTelまたはFaxで内訳をお知らせください

**⇒北門信用金庫本店(普通)０９６４００９　一般社団法人中空知地域職業訓練センター協会**

※申込書にてお預かりした個人情報については、個人情報保護法に基づき、安全かつ適正に管理させていただきます