様式第1号(第2条、第4条関係)

|  |  |  |
| --- | --- | --- |
|  | 受付番号 |  |

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|  | 介護保険法第115条の32第2項(整備)又は第4項(区分の変更)の規定による業務管理体制に係る届出書 |  |

年　　月　　日

　益田市長　　　　　　　　　　様

事業者　名称

代表者氏名

　このことについて、下記のとおり関係書類を添えて届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | 事業者(法人)番号 | | | | | |  | |  | | | |  | |  | | |  | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  |  |
| 1　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)法第115条の32第2項関係(整備) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)法第115条の32第4項関係(区分の変更) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | フリガナ  名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  (主たる事務所の所在地) | (郵便番号　　―　　　)  　　　　　　都道　　　　　　郡　市  　　　　　　府県　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | |  | | | | | | | | | | | | | FAX番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 法人の種別 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職名・氏名・生年月日 | 職名 |  | | | | フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 年　月　日 | | | | | | | | | | | |
| 氏名 | | | | | |  | | | | | | | | | | | | | | | | | |
| 代表者の住所 | (郵便番号　　―　　　)  　　　　　　都道　　　　　　郡　市  　　　　　　府県　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3　事業所名称等及び所在地 | | 事業所名称 | | | | 指定年月日 | | | | | 介護保険事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | |
| 計　　か所 | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 4　介護保険法施行規則第140条の40第1項第2号から第4号までに掲げる届出事項 | | 第2号 | | 法令遵守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | |
| 第3号 | | 業務が法令に適合することを確保するための規程の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第4号 | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５区分変更 | 区分変更前行政機関名称、担当部(局)課 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者(法人)番号 | | | | | | |  |  | | |  | | |  | |  | | |  | |  |  | |  | |  | | |  | | |  | |  | | |  |  | |  | |  | |  | | |
| 区分変更の理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部(局)課 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 連絡先 | 所　属 |  | メール  アドレス |  | 電話  番号 |  |
| フリガナ |  |
| 氏　名 |  |