**様式第１号**（第２条、第４条関係）

|  |  |
| --- | --- |
| 受付番号 |  |

介護保険法第115条の32第２項（整備）または第４項  
（区分の変更）に基づく業務管理体制に係る届出書

年　　月　　日

（宛先）

滋賀県知事

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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主たる事務所の  所在地 | （〒　　－　　　　）  都道　　　　　郡　市  府県　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | （〒　　－　　　　）  都道　　　　　郡　市  府県　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所名称等および所在地 | | 事業所名称 | | | | | 指定（許可）年月日 | | | | | | | | | | 介護保険事業所番号  （医療機関等コード） | | | | | | | | | | | | | | | | | 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号までの規定に基づく届出事項 | | 第２号 | | | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | 生　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
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| 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 |  |

注　用紙の大きさは、日本産業規格Ａ列４番とします。