様式第10号(第6条関係)

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

土浦市指定地域密着型サービス等事業者指定事業業務管理体制整備等届出書

年　　月　　日

　(届出先)土浦市長

所在地

届出者　名称

代表者　　　　　　　　　　　　　　印

　このことについて，次のとおり関係書類を添えて届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 事業者(法人)番号 | | | | | | | | | |  | |  | | |  | |  | |  | |  | |  | | |  | | |  | |  | | |  | |  | |  | | |  | |  | |  | |  |  |
| 届出の内容(該当するものにレ点を付してください。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | □　法第115条の32第2項関係(整備)  □　法第115条の32第4項関係(区分変更) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  氏名 |  | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 代表者の住所 | (郵便番号　　―　　　)  　　　　　　都　道　　　　　　　郡　市  　　　　　　府　県　　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名称等及び所在地 | | 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 | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 第3号 | | 業務が法令に適合することを確保するための規定の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第4号 | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |