様式第７号（第１５条関係）

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

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）の規定に基づく業務管理体制に係る届出書

年　　月　　日

　大分市長　　　　　　　殿

所在地

事業者　　 名称

代表者の氏名

　介護保険法第１１５条の３２第２項又は第４項の規定により、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 | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  |  | |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)介護保険法第１１５条の３２第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)介護保険法第１１５条の３２第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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（医療機関等コード） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計　カ所 | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |