様式第９号（第８条関係）

業務管理体制の整備に関する事項の届出書

　　　　　　　　　　　　　　年　　月　　日

　大磯町長　殿

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 届出者 | | | | | | | | | | | | | | | | | | | | 主たる事務所の  所　　在　　地  名　　　　　称  代表者氏名 | | | | | | | | | | | | | | | | | | | | | |
| 介護保険法第115条の32 | | | | 第２項  　第４項 | | | | | の規定により、次のとおり届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | |  |  | |  |  | |  | |  | |  | |  | |  | | |  | |
|  | １  事  業  者 | | フ　リ　ガ　ナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　　　　　　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所の  所　在　地 | (郵便番号　 　-　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | ﾌﾘｶﾞﾅ | | | | | | | | | |  | | | | | | | | | 生年  月日 | | | 年 月 日 | | | | |
| 氏　名 | | | | | | | | | |  | | | | | | | | |
| 代表者の住所 | (郵便番号　 　-　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ 事業所の名称等及び所在地 | | | 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　　　カ所 | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| ３　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(ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４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 | | | | | | | | | | | | | | | | | | | | | | | | |

（注）区分の変更に係る届出の場合は、「４区分変更」の項も記入してください。