付表2

　訪問入浴・介護予防訪問入浴介護事業所の登録に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | |  | | | | | | | | | | | | | | | FAX番号 | | | | | | | |  | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 当該事業の実施について定めてある定款・寄附行為等の条文 | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | | | | | |
| 管理者 | フリガナ | |  | | | | | | | | | | | | | | | 住所 | | | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | | |
| 生年月日 | |  | | | | | | | | | | | | | | |
| 当該訪問入浴介護で兼務する他の職種(兼務の場合のみ記入) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 兼務する同一敷地内の他の事業所又は施設  (兼務する事業所又は施設がる場合のみ記入) | | | | | | 事業所又は施設の名称 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間等 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者の職種・員数 | | | | | | 看護職員 | | | | | | | | | | 介護職員 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 専従 | | | | | | 兼務 | | | | 専従 | | | | | 兼務 | | | | | |
|  | 常勤(人) | | | | |  | | | | | |  | | | |  | | | | |  | | | | | |
| 非常勤(人) | | | | |  | | | | | |  | | | |  | | | | |  | | | | | |
| 基準上の必要人数(人) | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| 適合の可否 | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| 主な掲示事項 | 営業日 | | | | | 日 | | 月 | | | 火 | | 水 | 木 | | 金 | 土 | | | 祝 | | | その他年間の休日 | | | | | | | |  | | | | | | | | | |
|  | |  | | |  | |  |  | |  |  | | |  | | |
| 営業時間 | | | | | 平日 | | | | |  | | | ～ | |  | | | | 土曜 | | | |  | | | ～ | |  | | | 日・祝 | | |  | | ～ | |  | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | | 法定代理受領分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | ① | | | | | | | ② | | | | ③ | | | | | | | | | ④ | | | | | | | | ⑤ | | | | | |  |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 協力医療機関 | | 名称 | | |  | | | | | | | | | | | | 主な診療科名 | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| 名称 | | |  | | | | | | | | | | | | 主な診療科名 | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| 名称 | | |  | | | | | | | | | | | | 主な診療科名 | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| 添付書類 | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　1　「受付番号」「基準上の必要人員」「適合の可否」欄は、記入しないでください。

　　　2　記入欄が不足する場合は、適宜欄を設けて記載するか又は別様に記載した書類を添付してください。

　　　3　「主な掲示事項」については、本欄の記載を省略し、別添資料として添付して差し支えありません。

　　　4　当該登録居宅サービス以外のサービスを実施する場合には、当該登録居宅サービス部分とそれ以外のサービス部分の料金がわかるような料金表を提出してください。