付表12

特定福祉用具販売・特定介護予防福祉用具販売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　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | |
| 当該特定福祉用具販売事業所で兼務する他の職種（兼務の場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 同一敷地内の他の事業所又は  施設の従業者との兼務  （兼務の場合のみ記入） | | | | | | | | | 事業所等名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 従業者の職種・員数 | | | | | | | | | | 専門相談員 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 専従 | | | | | | 兼務 | | | | | | | |
|  | 常勤(人) | | | | | | | | |  | | | | | |  | | | | | | | |
|  | 非常勤(人) | | | | | | | | |  | | | | | |  | | | | | | | |
|  | 常勤換算後の人数(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 | | | | |  | | ～ | |  | | | | 日曜・祝日 | | |  | | | ～ |  |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取り扱う種目 | | | | | 腰掛便座 | | | | | | | | | | |  | | 自動排泄処理装置の交換可能部品 | | | | | | | | | | | | | | | |  | | |  | | |
| 入浴補助用具 | | | | | | | | | | |  | | 簡易浴槽 | | | | | | | | | | | | | | | |  | | |
| 移動用リフトのつり具の部分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 販売費用の額 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業の実施地域 | | | | | ① | |  | | | | ② | | | |  | | | | | | | | ③ | |  | | | | ④ | |  | | ⑤ | | |  | | | |
| 添付書類 | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　　1　色塗りされている欄には、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又は別紙に記載して添付してください。

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。