付表２

（表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 訪問入浴介護・介護予防訪問入浴介護事業者の指定に係る記載事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | |  | | | | | | |
| 実施主体が地方公共団体である場合は、当該事業の実施について定めてある条例等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | |
| 管理者 | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | 住所・連絡先 | | | | | | | (郵便番号　　―　　　) | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | |  | | | | | FAX番号 | | |  |
| 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 当該訪問入浴介護・介護予防訪問入浴介護事業所内での他の職務との兼務 | | | | | | | | | | | | | | | | | 職種 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の職務との兼務 | | | | | | | | | | 事業所又は施設の名称及び事業又は施設の種類 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 利用者の推定数 | | | | | | | | 人 | | | | | | | | | | | | | （前年度の平均値、新規の場合は予測される数を記入） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者 |  | | | | | | | | | | | | | 看護師・准看護師 | | | | | | | | | | | | | 介護職員 | | | | | | | | | | | | | | |  | | | | | |
| 専従 | | | | 兼務 | | | | | | | | | 専従 | | | | | | | | 兼務 | | | | | | |
| 常勤(人) | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |
| 非常勤(人) | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |
| 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　　　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | | | | | | | | | | |
| 備考　記入欄が不足する場合は、別に記入した書類を添付すること。　（裏面に続く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |