別紙１　複数の単位を実施する介護予防通所型サービス事業者の記載事項（２単位目以降）

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業所 | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別  従業者 | 区　　　分 | | | | | 生活相談員 | | | | | | | | | 看護職員 | | | | | | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  | |
| 専従 | | | | | | 兼務 | | | 専従 | | | | | | 兼務 | | | | | | 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 | 定員 | 人 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 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・祝日 | | | | ～ | | | |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別  従業者 | 区　　　分 | | | | | 生活相談員 | | | | | | | | | 看護職員 | | | | | | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  | |
| 専従 | | | | | | 兼務 | | | 専従 | | | | | | 兼務 | | | | | | 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 | 定員 | | 人 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 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・祝日 | | | | ～ | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別  従業者 | 区　　　分 | | | | | 生活相談員 | | | | | | | | | 看護職員 | | | | | | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  | |
| 専従 | | | | | | 兼務 | | | 専従 | | | | | | 兼務 | | | | | | 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 | 定員 | | 人 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 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・祝日 | | | | ～ | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

　１　「受付番号」欄，「基準上の必要人数（人）」欄及び「適合の可否」欄には，記載しないでください。

　２　「営業日」欄には，該当する欄に○印を記入してください。