付表２－１（別紙）

通所介護相当サービス事業者（２単位目以降）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単　　　　　位 | 従業者の職種・員数（単位別） | | | | | | 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） | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  |  | | |
| 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 | | | | | |  | | | ～ | |  | | | | 日曜・祝日 | | | |  | | ～ | |  | |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単　　　　　位 | 従業者の職種・員数（単位別） | | | | | | 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） | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  |  | | |
| 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 | | | | |  | | | ～ | |  | | | 日曜・祝日 | | | | |  | | ～ | |  |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単　　　　　位 | 従業者の職種・員数（単位別） | | | | | | 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） | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  |  | | |
| 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 | | | | |  | | | ～ | |  | | | 日曜・祝日 | | | | |  | | ～ | |  |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

１　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すること。

２　「主な掲示事項」については、本欄の記載を省略し、別添として差し支えない。