付表１０

特定福祉用具販売・特定介護予防福祉用具販売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 | | | | | | | |  | | | | | | | | | | | |
| 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･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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 当該特定福祉用具販売・特定介護予防福祉用具販売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 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 従　　業　　者 |  | | | | | | | | | 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） | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取り扱う  種目  (該当に○) | | | 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 | | | | | | | | | | | | | | | | | | | |  | | | | 排泄予測支援機器 | | | | | |  |
| 販売費用の額 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施地域 | | | ① | | | | | | | | | | ② | | | | | | | | | | | | ③ | | | | | | | | | ④ | | | | | | | | ⑤ | | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

記入上の注意　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。