別記様式第７号（第１０条関係）

|  |  |
| --- | --- |
| 受付番号 |  |

指定障害児通所支援事業者業務管理体制整備届出書

　年　　月　　日

（宛先）和歌山市長

事業者　　所　在　地

名　　　称

　　　　代表者氏名

このことについて、次のとおり関係書類を添えて届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 事業者（法人）番号 | | | |  |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （１）整備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （２）区分の変更 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | フ　リ　ガ　ナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称又は氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　　所  （主たる事務所  の所在地） | | （郵便番号　　－　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連　　絡　　先 | | 電話番号 | |  | | | | | | | | | ＦＡＸ番号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 法人の種別 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職名・  氏名・生年月日 | | 職名 |  | | フリガナ | | | | | |  | | | | | | | | | | | | | | 生年  月日 | | | | | | 年　月　日 | | | | | | | | | | | | |
| 氏　名 | | | | | |  | | | | | | | | | | | | | |
| 代表者の住所 | | （郵便番号　　－　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所名称等及び  所在地 | | | 事業所名称 | | | 指定年月日 | | | | | | | | | 事業所番号 | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | | | | | | |
| 計　　か所 | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ４　届出事項 | | | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | | | | | |
| 業務が法令に適合することを確保するための規程の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５ 区分の変更 | 区分の変更前の厚生労働大臣等の機関の名称、担当部（局）課 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | | | | | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| 区分の変更の理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分の変更後の厚生労働大臣等の機関の名称、担当部（局）課 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分の変更の日 | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

　１　「受付番号」及び「事業者（法人）番号」欄には、記載しないでください。

　２　「３　事業所名称等及び所在地」及び「４　届出事項」欄については、必要事項を記載した別紙を添付し

てもかまいません。