様式第６号の１８（第３条の１３関係）

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

児童福祉法に基づく業務管理体制の整備に関する事項の届出書

年　　　月　　　日

（宛先）高崎市長

事業者　住　　　所

名　　　称

代表者氏名

下記のとおり、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）児童福祉法第２１条の５の２６第２項、第２４条の１９の２、第２４条の３８第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）児童福祉法第２１条の５の２６第４項、第２４条の１９の２、第２４条の３８第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　　　事　　　業　　　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  （主たる事務所の所在地） | （郵便番号　　　－　　　　）  　　　　　都道　　　　　　　　郡　市  　　　　　府県　　　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （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　　　－　　　　）  　　　　　都道　　　　　　　　郡　市  　　　　　府県　　　　　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所の詳細（複数箇所ある場合は別紙に記載） | | 事業所名称 | | | | | 指定年月日 | | | | | | | | 事業所番号 | | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 年　月　日 | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ４　事業者の区分 | | （１）指定障害児通所支援事業者等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）指定障害児入所施設等の設置者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （３）指定障害児相談支援事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　業務管理体制の整備に関する届出事項 | | 第２号 | | | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | 法令遵守責任者の生年月日 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
| 第３号 | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第４号 | | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６区分変更 | 区分変更前行政機関名称、担当部（局）課 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | | | | | | | | |  | |  | | | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  |
| 区分変更の理由 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部（局）課 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |