付表３

**介護予防・日常生活支援総合事業第１号事業所の指定に係る記載事項(２単位目以降)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 当該単位で同時に通所介護を行う利用者の数及び食堂・機能訓練室の面積 | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | ㎡ | | |
| 単位別従業者 |  | | | 生活相談員 | | | | | | 看護職員等 | | | | | | 介護職員 | | | | | | 機能訓練指導員等 | | | |  | | | | |
| 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 | | | | |  | | | | | | | | | | |
|  | |  |  | |  |  | |  |  | |  |
| ２ | 営業時間 | | 平日 | | |  | | | ～ | |  | | | 土曜 | | |  | | ～ | |  | | | 日曜・祝日 | | |  | | ～ |  |
| サービス提供時間 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 常勤(人) | | |  | | |  | | |  | | |  | | |  | |  | | | |  | | |  |
| 非常勤(人) | | |  | | |  | | |  | | |  | | |  | |  | | | |  | | |  |
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| ３ | 営業時間 | | 平日 | | |  | | | ～ | |  | | | 土曜 | | |  | | ～ | |  | | | 日曜・祝日 | | |  | | ～ |  |
| サービス提供時間 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | |  | | | | | | | | | | |
|  | |  |  | |  |  | |  |  | |  |
| ４ | 営業時間 | | 平日 | | |  | | | ～ | |  | | | 土曜 | | |  | | ～ | |  | | | 日曜・祝日 | | |  | | ～ |  |
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