（様式1１）

**令和６(202４)年度「ふれあい・いきいきサロン事業」基礎原票（活動実績報告書）**

社会福祉法人　三原市社会福祉協議会　会長　様　　　　　　　　　　　　　　　　　　令和７（202５）年3月31日現在

●サロンの基本情報 ※選択式の項目は，　チェックを入れてください

**【記入上の注意】**

・表面はサロンの基本情報記入欄となっています。

・※１　（１０）では，運営のことやちょっとした困りごと，気になる人のことを住民同士で相談できる場の開催についてご記入ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| （1）サロン名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （2）代表者 |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 令和  変更後 | | | | | | | | | |  | | 年 |  | 月～ | |
| （3）連絡先  （代表者または事務局） | (氏名) ※代表者と異なる場合は氏名もご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | (氏名) ※代表者と異なる場合は氏名もご記入ください。 | | | | | | | | | | | | | | | |
| 〒  三原市 | | | | | | | | | | | | | | | | | | | | | | | | 〒  三原市 | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | | | | | | | | | | | |
| 携帯電話 | | | | | | | | | | | | | | | | | | | | | | | | 携帯電話 | | | | | | | | | | | | | | | |
| （4）活動日 | 〔毎月 | | |  | | | | | | | | 回/第 | | |  | | | | | | | | | 週/ | | |  | | | | | 曜日〕 | | | | | | | | |
| 〔毎週 | | |  | | | | | | | | | | | 曜日〕 | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他（ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） |
| （５）活動時間 | （ |  | | | | | | | | ） | | | 時ぐらい　～ | | | | | | | （ | |  | | | | | | | | ） | 時ぐらい　まで | | | | | | | | | |
| （６）活動場所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (７)参加費徴収 | ① | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ② | |  | | | 〔（ |  | | | | | | | | | | | | 円／回）　・ | | | | | | |  | | | | | | | | | | | | | | |
| ・ | | | | | | | |  | | | | | | | | （ | | | | | | | | | | | | | | | | | | | | | | | ）〕 |
| （８）参加の可否 | 町内会未加入者の参加･･･（ | | | | | | | | | | | | |  | | | | | | | ・ | |  | | | | | ・ |  | | | | | | | ） | | | | |
| (９)送迎 | 1. ②　　　　　〔　　　　　　　　　　　　・　　　　　　　　　　　　　　　　　　・ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ・　　　　　（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）〕 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （10）  協議の場 ※１ | ① | |  | | | | | | | | | | | | | ② | |  | | | | | | | | | | | | | | | ③ |  | | | | | | |
| ④ | |  | | | | | （ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） |

●令和６年度　報告 ※選択式の項目は　チェックを入れてください

～1年間の活動を皆さんで振り返ってみましょう～

**【記入上の注意】**

・いずれの項目も複数回答可能です。

・※2　(１1)では，令和６年度にサロンに参加した人数**（令和６年度名簿記載の登録人数）**をご記入ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| （11）  令和６年度  活動人数 ※2 | 参加者数 | | | | | | | | | | | | | 支援者数 | | | | | | | | | | | | | | 計 | | | | | | | | | | | | 3月末の登録人数を  ご記入ください。 | | |
| 男 | | 女 | | | | | | | | | | | 男 | | | | | | | | | | | | 女 | |
|  | |  | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| （12）活動の担い手 | ① |  | | | | | | | | | | | | | | ② | |  | | | | | | | | | | | | ③ | | | |  | | | | | | | | |
| ④ |  | | | | | | | | | | | | | | | | | | | | ⑤ | | | | |  | | （ | | | |  | | | | | | | | | ） |
| （13）参加している人 | ① |  | | | | | | ② | | | |  | | | | | | | | ③ | | | |  | | | | | | | | | | | | | ④ | |  | | | |
| ⑤ |  | | | （ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） |
| （14）  主な活動 | ① |  | | | | | | | ② | | | |  | | | | | | | | ③ | | | |  | | | | | | ④ | | | |  | | | | | | | |
| ⑤ |  | | | （ | | | | |  | | | | | | | | | ・ | | | |  | | | | | | | | | ） | | | | ⑥ | |  | | | | |
| ⑦ |  | | ⑧ | |  | | | | | | | | | ⑨ | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑩ |  | | | | | （ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
| （15）  我がサロンの特徴やこだわり，  頑張ったことや，新しく取り組んだこと |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （16）  活動を振り返って良かった点や反省点 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （17）  活動する上で心配な点や困ったこと |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |