

Name

All Wales Induction Framework for Social Care Managers

Certificate of successful completion

Job title		
Start date		
Name and address of organisation		
Responsible individual		
Induction framework completion date		
Sections completed		
Manager: I certify that I have successfully met all of the learning outcomes in the all Wales induction framework for social care managers relevant to my role, and am able to work in a lawful, safe and effective manner.		
Signed (manager)		
Date		
relevant to their role, and is able to work in a lawful, sa		
Signed (responsible individual)		(
Date		