**RCSLT support worker framework**

**Recognition of completion of competency profile/s**

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| Name: |
| Date: | RCSLT Membership Number:(if appropriate): |
| Job Title: |

**Confirmation by manager (or deputy)**

I confirm that the above speech and language therapy support worker has achieved completion of:

Core Competencies (HEE/support worker framework) [ ]

Clinical Competencies (support worker framework) [ ]

I confirm that:

(i) I am an HCPC Registered Speech and Language Therapist [ ]  (ii) that I hold Certified membership of RCSLT [ ]

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| Manager or deputy name (please print): |
| Position: |
| Manager’s Signature: | Date |