

**Training Strategy Implementation Funding  
2010/11**



**MANAGER INDUCTION STANDARDS FORM**

<b>Regional Contract No:</b>
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<b>Lead Partner Name:</b> Wiltshire and Swindon Care Skills Partnership
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<b>Manager's Name:</b>	<b>Manager's Work Role:</b>
<b>National Insurance Number:</b> (This will only be used to identify double funding)	<b>Employer's Name &amp; Full Address including Postcode:</b>
<b>Manager's Full Workplace Address (if different from Employer's)</b>	<b>Post Code:</b>
<b>Tel No:</b>	<b>Tel No:</b>
<b>Date this Manager's Employment commenced at this workplace:</b>	<b>What type of organisation are you e.g. Private, Voluntary etc?</b>
<b>The Manager supervising this induction confirms all sections of the Manager Induction Standards have been covered</b>	
<b>Name:</b>	<b>Work Role:</b>
<b>Signed by Supervising Manager on completion of Induction:</b>	
<b>Signed by Manager on completion of Induction:</b>	<b>Date Induction completed (DD/MM/YY):</b>

**Please return (no later than 25<sup>th</sup> March 2011) to:**

Wiltshire & Swindon Care Skills Partnership | Old Brook House | County Hall |  
Bythesea Road | Trowbridge | Wiltshire | BA14 8JN