

**Training Strategy Implementation Funding
2010/11**



**LEARNING DISABILITY QUALIFICATION (LDQ)
INDUCTION FORM**

Regional Contract No:

Lead Partner Name: Wiltshire & Swindon Care Skills Partnership

Staff Member's Name:	Staff Member's Work Role:
	Direct social care or management functions of social care
National Insurance Number: (This will only be used to identify double funding)	Employer's Name & Full Address including Postcode:
Staff Member's Full Workplace Address (if different from Employer's)	
Tel No:	
	Post Code:
	Tel No:
Date this Staff Member's Employment commenced at this workplace:	What type of organisation are you e.g. Private, Voluntary etc?
Manager supervising this staff member's Induction confirms all sections of the Common Induction Standards (1 to 6) have been covered	
Name:	Work Role:
Signed by Manager on completion of Induction:	
Signed by Staff Member on completion of Induction:	Date Induction completed (DD/MM/YY):

Please return (no later than 25th March 2011) to:

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