

**Training Strategy Implementation Funding  
2010/11**



**COMMON INDUCTION STANDARDS FORM**

<b>Regional Contract No:</b>
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<b>Lead Partner Name:</b>
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<b>Staff Member's Name:</b>	<b>Staff Member's Work Role:</b>
	Direct social care or management functions of social care
<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>Staff Member's Full Workplace Address (if different from Employer's)</b>	
<b>Tel No:</b>	<b>Tel No:</b>
<b>Date this Staff Member's Employment commenced at this workplace:</b>	<b>What type of organisation are you e.g. Private, Voluntary etc?</b>
<b>Manager supervising this staff member's Induction confirms all sections of the Common Induction Standards (1 to 6) have been covered</b>	
<b>Name:</b>	<b>Work Role:</b>
<b>Signed by Manager on completion of Induction:</b>	
<b>Signed by Staff Member on completion of Induction:</b>	<b>Date Induction completed (DD/MM/YY):</b>

**PLEASE INSERT DETAILS OF LEAD PARTNER FOR RETURN OF FORMS**