

**Training Strategy Implementation Funding
2010/11**



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

Regional Contract No:

Lead Partner Name:

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:	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 Learning Disability Qualification 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 INSERT DETAILS OF LEAD PARTNER FOR RETURN OF FORMS