

**Training Strategy Implementation Funding
2010/11**



MANAGER INDUCTION STANDARDS FORM

Regional Contract No:

Lead Partner Name:

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

PLEASE INSERT DETAILS OF LEAD PARTNER FOR RETURN OF FORMS