**RCSLT support worker framework**

**Recognition of completion of competency profile/s**

|  |  |
| --- | --- |
| Name: | |
| Date: | RCSLT Membership Number:  (if appropriate): |
| Job Title: | |

**Confirmation by manager (or deputy)**

I confirm that the above speech and language therapy support worker has achieved completion of:

Core Competencies (HEE/support worker framework)

Clinical Competencies (support worker framework)

I confirm that:

(i) I am an HCPC Registered Speech and Language Therapist  (ii) that I hold Certified membership of RCSLT

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| --- | --- |
| Manager or deputy name (please print): | |
| Position: | |
| Manager’s Signature: | Date |