**RCSLT support worker framework**

**Recognition of competency level**

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

**Confirmation by manager (or deputy)**

I confirm that, in my opinion, the above speech and language therapy support worker has adequately demonstrated a level of competency equivalent to the:

Core competencies (HEE/support worker framework)

Clinical competencies (support worker framework)

The above speech and language therapy support worker has demonstrated knowledge, skills and competence in their job role, acquired through work-based learning and in service training over time.

I confirm that:

(i) I am an HCPC Registered speech and language therapist  (ii) that I hold Certified membership of the RCSLT

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