**RCSLT support worker framework**

**Recognition of competency level**

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| 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 [ ]

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