

## All Wales Induction Framework for Health and Social Care

## Certificate of successful completion

IName	
Job title	
Start date	
Name and address of organisation	
Manager's name and registration number	
Induction framework completion date	
Sections completed (adults/children)	
Worker: I certify that I have successfully met all of the learning o relevant to my role, and am able to work in a lawful, saf	outcomes in the all Wales induction framework in health and social care fe and effective manner.
Signed (worker)	
Date	
Registered manager: I certify that has successfully meand social care relevant to their role, and is able to wor	t all of the learning outcomes in the all Wales induction framework in health k in a lawful, safe and effective manner.
Signed (registered manager)	
Date	

