

## Shadowing sign off form

Please answer the two questions below	Yes	No
Did the participant attend two shadowing days in the local authority?		
During those days did the participant conduct themselves in a professional, respectful manner as outlined in the <a href="#">Readiness for Practice Professional Capability Framework (PCF)</a> ?		

### Comments/Developmental feedback (max 100 words)

### CSW/LA representative sign off

Participant name	Date attended	Location (Team)
CSW/LA representative name	CSW/LA representative signature	Date signed

It is the participants responsibility to upload this form to Moodle as part of their Readiness for Practice assessment.