# Shadowing sign off form

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| --- | --- | --- |
| **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 [Readiness for Practice Professional Capability Framework (PCF)](https://new.basw.co.uk/sites/default/files/resources/pcf-readiness.pdf) ? |  |  |

### 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.