



# CARE CERTIFICATE

STANDARD 1

## UNDERSTAND YOUR ROLE

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 1 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 2

## PERSONAL DEVELOPMENT

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 2 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed





# CARE CERTIFICATE

STANDARD 3

## DUTY OF CARE

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met the standard in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 4

## EQUALITY AND DIVERSITY

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 4 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 5

## PERSON CENTRED CARE

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 5 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 6

## COMMUNICATION

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 6 in full*

JOHN EATON TRAINING

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed

*[Handwritten signature]*





# CARE CERTIFICATE

STANDARD 7

## PRIVACY AND DIGNITY

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 7 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 8

## FLUID AND NUTRITION

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 8 in full*

JOHN EATON TRAINING

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed







# CARE CERTIFICATE

STANDARD 9

MENTAL HEALTH,  
DEMENTIA AND  
LEARNING DISABILITY

*Adele Leighton*

*Has completed the Knowledge requirements of this qualification  
having met Standard 9 in full*

*FRIDAY 20th March 2015*

*Signed*





# CARE CERTIFICATE

STANDARD 10

## SAFEGUARDING ADULTS

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 10 in full*

JOHN EATON TRAINING

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed





# CARE CERTIFICATE

STANDARD 11

## SAFEGUARDING CHILDREN

A.N. OTHER

*Has completed the internal Knowledge Requirements of this unit and if required will now have external training and certification as required in the Care Certificate criteria for Standard 11*

Friday, 27 February 2015

Signed





# CARE CERTIFICATE

STANDARD 12

## BASIC LIFE SUPPORT

Name \_\_\_\_\_

*Has completed the internal Knowledge Requirements of this unit  
and will now have external training and certification as  
required in the Care Certificate criteria for Standard 12*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# CARE CERTIFICATE

STANDARD 13

## HEALTH AND SAFETY

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 13 in full*

JOHN EATON TRAINING

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed





# CARE CERTIFICATE

STANDARD 14

## HANDLING INFORMATION

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 14 in full*

JOHN EATON TRAINING

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed





# CARE CERTIFICATE

STANDARD 15

## INFECTION PREVENTION AND CONTROL

Name \_\_\_\_\_

*Has completed the Knowledge requirements of this qualification  
having met Standard 15 in full*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_





# COMPETENCE TESTING CERTIFICATE

*PHILL STEELE*

*Has completed both the Competence elements of this qualification and has answered the  
Multiple Choice questions satisfactorily*

*Date 20th March 2015*

*Signed*



John Eaton Training, Meadow Court, Minehead Road, Taunton, Somerset, TA2 6BA. 01823270845

[www.jet-training.org.uk](http://www.jet-training.org.uk)

[info@jet-training.org.uk](mailto:info@jet-training.org.uk)





# CARE CERTIFICATE COMPLETION

*Name* \_\_\_\_\_

*Has completed the Knowledge and Competence requirements of this qualification  
and has met the standard in full*

*Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signed*



John Eaton Training, Meadow Court, Minehead Road, Taunton, Somerset, TA2 6BA. 01823270845

[www.jet-training.org.uk](http://www.jet-training.org.uk)

[info@jet-training.org.uk](mailto:info@jet-training.org.uk)