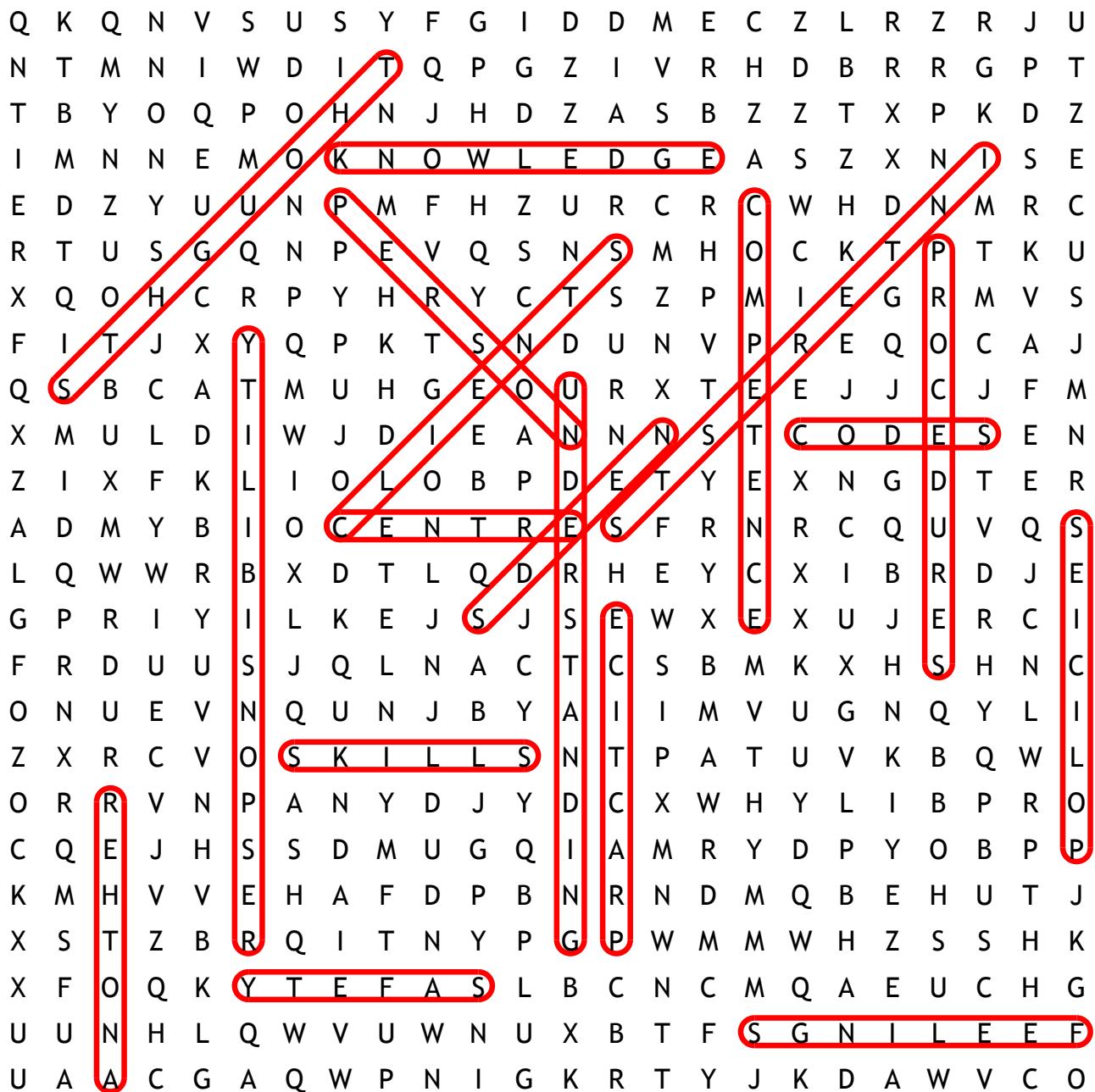


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Duty Of Care



Responsibility  
Knowledge  
Policies  
Skills  
Needs

Understanding  
Interests  
Feelings  
Safety  
Codes

Procedures  
Thoughts  
Clients  
Person

Competence  
Practice  
Another  
Centre