**Administering the Real Living Wage for social care workers in Wales**

**Provider declaration of Real Living Wage (RLW) payments to eligible staff.**

Quarter:   
Financial year:

1. Provider CIW registered name:
2. Provider registered individual name:

1. Provider CIW registered address:
2. Provider head office address (if different from registered address):
3. Provider email (please give 2 emails if this is not a generic email address):
4. Provider telephone number:

**Declaration: I/we can confirm all eligible care staff in post have been paid the Real Living Wage in line with Welsh Government recommendations from 1 June and back paid to 1 April.**

* Yes
* No

If no, please explain what measures are being taken to ensure the RLW is paid to all carers, any accrued back pay and the timeframe to do this:

Signed by (with the authority of the Registered Individual):

Name printed:

Designation/role:

Date:

Submit to:

Send me an email receipt of my response:

* Yes
* No