

Line Manager Support of Application

Registered Practitioner

Name of applicant: _____ is working in this service as a Practitioner with clients presenting with addiction issues¹.

I confirm that the applicant,

- **Is capable in assessing and managing complex clinical presentations**
- **Is competent in relation to the Addiction and/or PG Practitioner competency requirements, outlined in full in *The Addiction Intervention Competency Framework (2011)***
- **Works within the dapaanz Code of Ethics**

I support this application and confirm that _____ (Name of applicant) is a practitioner who demonstrates capability, competency and practices ethically.

If you have any concerns about this person's suitability as a practitioner, or anything else you think we should know considering this application, please provide details below.

Line Manager Name:

Signature:

Date:

Note: For self-employed practitioners only, this form should be completed by your dapaanz accredited clinical supervisor.

¹ In the last year you delivered at least 75 hours of direct and supervised client contact, OR oversight/training of addiction clinical practice