

# Line Manager Support of Application

## Provisional Registration

**Name of applicant:** \_\_\_\_\_ is working in this service as a Practitioner with clients presenting with addiction issues.

I confirm that the applicant,

- 1. Completed six months of competent, ethical, supervised addiction clinical practice over and above their course practicum**
- 2. Has worked in addictions treatment for a minimum of 100 hours over and above their course practicum**
- 3. Has at least 75 hours of direct client contact over and above their course practicum**
- 4. 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.