

# Line Manager Support of Application

## Registered Practitioner

**Name of applicant:** \_\_\_\_\_ is working in this service as an Alcohol and Other Drug Practitioner or a Problem Gambling Practitioner.

I confirm that the applicant,

- **Demonstrates capability in assessing and managing complex clinical presentations, in a complex, variable and specialised range of contexts**
- **Is competent in relation to the AoD 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 to work as a practitioner, or if there is anything you think we should know when considering this application, please provide details in the space below.

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

**Line Manager Name:**

**Signature:**

**Date:**