

Line Manager Support of Application

Provisional Registration

Name of applicant: _____ is working in this service as an Alcohol and Other Drug Practitioner / Problem Gambling Practitioner (please circle).

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**

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

If you have any concerns about the applicants' suitability to work as a practitioner, or if there is anything else 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: