dapaanz
fostering excellence in addiction practice

Assessment Report from dapaanz Accredited Peer Supervisor

Accredited Addiction Peer Support Worker

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates capability in working as a competent addiction peer support worker, in the context of their job description
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Confirm that I have seen or discussed the applicant's CPD log and it meets renewal requirements
- Understand I am endorsing the applicant's practice and have a responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as an accredited addiction peer support worker, or anything else I think dapaanz should know here.

Supervisor Name:

Signature:

Date:

Once completed, please return via email with other application or renewal documents to: registrar@dapaanz.org.nz