



dapaanz

fostering excellence in addiction practice

Line Manager Support of Application

Associate Practitioner

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

I confirm that the applicant,

- Has completed at least six months over the previous 12 months, and a minimum 100 hours, working in addictions treatment
- Is currently working in addictions treatment and has completed at least 75 hours of direct and supervised client contact in the past six months
- 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 the applicants' suitability as a practitioner, or anything else you think we should know when considering this application, please provide details in the space below.

I understand the ethical implications of my endorsement of the applicant's practice.

Line Manager Name:

Signature:

Date:

Note: For self-employed practitioners only, this form should be completed by your dapaanz Accredited Supervisor.

Once completed, please return via email to, registrar@dapaanz.org.nz