



**dapaanz**

fostering excellence in addiction practice

## Line Manager Support of Application

### Registered Practitioner

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

I confirm that the applicant,

- Is capable in assessing and managing complex clinical presentations
- Is competent in relation to the Addiction 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 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 with other application or renewal documents to:

[registrar@dapaanz.org.nz](mailto:registrar@dapaanz.org.nz)