



**dapaanz**

fostering excellence in addiction practice

# Assessment Report from dapaanz Accredited Clinical Supervisor Registered Practitioner

Name of applicant: \_\_\_\_\_

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as a practitioner, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

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