



dapaanz

fostering excellence in addiction practice

Line Manager Support of Application

Please find support statements for all member categories on the following pages:

Page 2 – Registered Practitioner

Page 3 – Provisional Practitioner

Page 4 – Endorsed Support Worker

Page 5 – Associate Practitioner

Please select the relevant member category and provide to your Line Manager to read and sign.

Thank you.



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



dapaanz

fostering excellence in addiction practice

Line Manager Support of Application

Provisional 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 six months of competent, ethical, supervised addiction clinical practice over and above their course practicum
- Has worked in addictions treatment for a minimum of 100 hours over and above their course practicum
- Has at least 75 hours of direct client contact over and above their course practicum
- 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



dapaanz

fostering excellence in addiction practice

Line Manager Support of Application

Endorsement as a Support Worker

Name of applicant: _____ is working in this service as a support worker.

I confirm that the applicant,

- Adheres to ethical standards
- Demonstrates a developing capability in working as a competent support worker, in the context of their job description
- Works within the dapaanz Code of Ethics

If you have any concerns about the applicants' suitability to work as a support worker, 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:

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



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