



**AP/ADFAM Drug & Alcohol Family Worker Professional
Certification Proposal Form**

Name of applicant:

Proposer to complete.

[Note - This proposal form should be completed by the applicant's supervisor / line manager, once all other elements of the application have been completed.]

I confirm that I am the supervisor / line manager for the above named.

I have reviewed the above named's application for Certification under the Addiction Professionals Drug and Alcohol Professional Certification scheme - and am happy to support it.

Name:

Organisation:

Address:

Telephone:

E-mail:

Signed:

Date: