

Addiction Professionals Drug & Alcohol Professional Certification

Workplace Assessment - Senior Manager Approval

**Drug & Alcohol Professional Certification**

**Workplace Assessment Senior - Manager Approval**

Name of applicant:

[Notes – This form should be completed by a senior manager of the agency for which the applicant

works or, if the applicant is in private practice, by the supervisor of the applicant’s supervisor. It relates to any internal workplace assessment forms being submitted in support of the application.]

|  |  |
| --- | --- |
| Unitnumber | Unitname |
|  |  |

*I have reviewed the above reports and discussed them with the applicant's supervisor / line manager*

*(Name of supervisor/line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), and I am satisfied that s/he*

*has conducted a thorough and balanced assessment of the applicant's competence in relation to the*

*units concerned.*

Relationship to applicant's supervisor / line manager [refer to notes above]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Address:

Organisation:

Telephone: Email:

Signed: Date: