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| **Line Manager Endorsement Form** |

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| **Candidate details** |
| First name |  |
| Surname |  |
| Service number |  |
| Current role |  |
| Department |  |

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| **Line Manager** **details** |
| First name |  |
| Surname |  |
| Service number |  |
| Current role |  |
| Department |  |

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| **Line manager statement** |
| Please confirm that the candidate: * Has served in their current (substantive) post for 12 months or more
 | [ ] YES[ ] NO |
| * Is the candidate competent in role?
 | [ ] YES[ ] NO |
| * Do they have any live written warning, final written warning or outstanding disciplinary action?
 | [ ] YES[ ] NO |
| * Are there any outstanding PDP’s or performance related issues? (sickness etc)
 | [ ] YES[ ] NO |
| [ ]  I support the candidate’s application | [ ]  I ***do not*** support the candidate’s application |
| Please give reasons for your decision: |
|  |
| Signature: | Date: Click or tap to enter a date. |