

Line Manager Endorsement Form

Candidate details

First name	
Surname	
Service number	
Current role	
Department	

Line Manager details

First name	
Surname	
Service number	
Current role	
Department	

Line manager statement

Please confirm that the candidate:		<input type="checkbox"/> YES
• Has served in their current (substantive) post for 12 months or more		<input type="checkbox"/> NO
• Is the candidate competent in role?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Do they have any live written warning, final written warning or outstanding disciplinary action?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Are there any outstanding PDP's or performance related issues? (sickness etc)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> I support the candidate's application	<input type="checkbox"/> I do not support the candidate's application	
Please give reasons for your decision:		
Signature:		Date: Click or tap to enter a date.