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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 |  |
| Email address |  |
| Telephone |  |
| 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. | |