

Line Manager Verification Report

(Dec 2009)



Northern Ireland Post Qualifying
EDUCATION & TRAINING PARTNERSHIP

Candidate's Name: _____

Candidate's Position: _____

Agency: _____

Area of Work: _____

Date of Submission: _____

Detail of Submission: _____

Line Manager's Name: _____

Line Manager's Position: _____

1. Confirm that the submission reflects:-

- (a) The candidate's own practice
- (b) That it is typical of the candidate's general performance
- (c) That it is up to the standard expected in the Agency

2. In accordance with the 2009 NISCC Thematic Review of the Assessment of Need and Risk in Social Work Practice, please comment in around 100 words on how the candidate's experience of working towards a Post Qualifying Award has influenced his/her practice

2. Please indicate what support was offered to the candidate in the completion of their submission. Please be specific, eg., planned supervision sessions, proformas used, etc

3. Please confirm that you have checked the submission for breaches of confidentiality.

Yes

Signed:

_____ **Line Manager**

_____ **Candidate**

_____ **Date**