This Form is completed by the candidate’s first Line Manager (Assessing Officer) and **signed off** by the Second Line Manager (Determining Officer).

The evidence provided must be truthful and accurate and to the best of your knowledge and there are no discipline or integrity issues that would preclude this candidate from promotion.

**Candidate Name:**

**Section A: First Line Manager’s Reference**

|  |
| --- |
| Outline the contribution of the candidate to force performance: |
|  |
| Comment on the suitability of the candidate to work as an Superintendent in the regional unit: |
|  |
| Would you support this Officer working for you now in the role of Superintendent? YES/NO\* |
| Does this application have your full endorsement? YES / NO\*\*If NO, please note that this application will not go forward to shortlisting and you must inform the candidate |

**Section B: Authorisation/Sign Off**

|  |  |
| --- | --- |
| **First Line Manager (Assessing Officers) Signature:**  | **Print name/Rank:**  |
| **Second Line Manager Signature (Determining Officer):** **Please confirm if you agree with comments above/support officer’s application for promotion**  | **Print name and shoulder number:** |
| **Date:** |