

Recommendation for Appointment Form CTPSE & SEROCU

This Form is completed by the candidate's Line Manager in support of their application to a role within Counter Terrorism Policing South East (CTPSE) and / or the South East Regional Organised Crime Unit (SEROCU).

Additional Information

Note for Line Managers, please note that unless exceptional circumstances apply the following applies in relation to release date of this Officer:

- 3 Months from the date of Board for substantive roles and fixed term postings (or less subject to mutual agreement)
- 1 Month from the date of the Board for secondments

Hampshire Police Officers: Hampshire officers need to complete an AD277 alongside their application.

Please tick box to confirm AD277 Form has been submitted via your HR ☐

Kent Police Officers: Kent police officers need to notify Kent Police Resource Planning of their application by submitting this form to hr.resource.planning@ecis.police.uk

Section A

Role Applied for:	
Vacancy Ref No:	
Applicant Name / Force Number:	
Line manager Name / Force Number:	
Closing Date of Vacancy:	
Current Role and Team (If applicable)	

How long have you been the Applicant's Line Manager?

Are there any discipline or integrity issues that would preclude the candidate from appointment to the role?

Note - If candidates are currently under investigation with restrictions (from PSD) on they work they can do they must first speak with the hiring manager to find out if they can fulfil the role. This should be done BEFORE completing an application form. Please note that if the investigation is due to be concluded immediately then the hiring manager may still be willing for the candidate to apply, however in accordance with the APP Vetting Code of Conduct they will not be able to transfer until the complaint or conduct investigation is complete.

Additional comments (if applicable):



**COUNTER
TERRORISM
POLICING**
SOUTH EAST



Application supported

Yes ☐ No ☐

Overall Grading

Outstanding Candidate

☐

Strong Candidate

☐

Good Candidate

☐

Needs Some Further Development

☐

Section B

Line Manager's Declaration: [Insert signature](#)

Name:

Rank/Grade:

Contact Number:

Section C

Chief Inspector/Superintendent/Head of Unit/Department: [Insert signature](#)

Comments: [Insert Comment](#)

Name:

Rank/Grade:

Section D

Application supported Yes ☐ No ☐

