



**Internal Police Officer Application Approval Form : Specialist Post**

<b>Applicant Details</b>	<b>Role Details</b>
Full Name of Applicant:	Name of Role Applying for:
FIN / Collar No:	
Command Function:	Command Function:
Rank:	Rank:

**SUITABILITY ASSESSMENT – TO BE COMPLETED BY THE APPLICANTS FIRST LINE MANAGER**

Answers must be well evidenced and objectively based.

Please complete the statements below, provided:-

- You have supervised the applicant for more than six months. If this is not the case you must consult with the previous supervisors.
- In any event you should consult with the applicants other present supervisors.
- You should be aware that the views you express will be made available to the applicant and will be fully taken into consideration by the 'selection panel'.

**PLEASE DETAIL WHETHER OR NOT YOU RECOMMEND THE APPLICANT FOR THIS ROLE, AND STATE REASONS FOR THIS. (continue 'overleaf' if needed)**

Please indicate which other supervisors you have consulted over this application (if applicable) :-

**I do / do not recommend the candidate for the post being applied for. \*delete as appropriate.**

**Signed:**

**Rank:**

**Date:**

**ONCE COMPLETE THIS FORM NEEDS TO BE SENT BACK TO THE APPLICANT, VIA EMAIL PRIOR TO CLOSING DATE, TO BE ATTACHED TO THEIR ONLINE APPLICATION.**