



Internal Police Officer Application Approval Form : Specialist Post

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

SUITABILITY ASSESSMENT – THIS SECTION 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:



HR Services
putting people first

**SUITABILITY ASSESSMENT – RECOMMENDATION BY DEPARTMENT / UNIT
COMMANDER**

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

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.**

