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

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| **Applicant Details** | **Role Details** |
| Full Name of Applicant:FIN / Collar No: | Name of Role Applying for: |
| 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’.

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| **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.**