



Alcohol Concern

the national agency on alcohol misuse

Proposal form

[Notes - This form should be completed by a senior manager of the agency for which the applicant works or by the line manager / supervisor of the applicant's line manager / supervisor.]

Name of applicant:

I have reviewed the above named's application for the Introductory Certificate for Drug & Alcohol Counsellors, including his/her workplace assessment reports, and have discussed these with the applicant's line manager/supervisor.

I have read the criteria for the Introductory Certificate for Drug & Alcohol Counsellors and am happy to support this person's application.

I have viewed originals of the training certificates which the applicant has submitted in their 'training report' and signed the copies they have submitted to confirm their authenticity.

Proposer's name:

Organisation:

Address:

Telephone:

E-mail:

Relationship to applicant's supervisor / line manager [refer to notes above]:

Signed:

Date: