

Line Manager Verification Report

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|---|--|
| Candidate Name: | |
| Candidate Job Role: | |
| Agency: | |
| Area of Work: | |
| Line Manager Name: | |
| Line Manager Job Role: | |
| Date of Submission: | |
| Type of Submission: | |
| *Professional supervisor (if applicable): | |

1. Please confirm that the submission has been read in full by the line manager (and professional supervisor, if applicable):- Yes No

a) Please outline how this submission is typical of the candidate's performance?

b) Please outline how this submission reflects the standard expected in the agency?

2. Please indicate what support was offered to the candidate in the completion of their submission?

Planned Supervision Sessions

Release for Study Days

Workload Easement

Release for Support Sessions

Other

If Other, Please Specify:

3. I confirm that I have checked the submission for breaches of confidentiality.

SERIOUS BREACHES OF CONFIDENTIALITY WILL RESULT IN THE WORK BEING REFERRED

4. I confirm that service user consent has been given to use the work for the purposes of this submission.

Yes No

If no, has the candidate followed the Northern Ireland Social Care Council IAR policy on Consent?

Yes No

Signed: _____

Line Manager

Candidate

Date

*If the candidate's line manager is not a social worker the professional supervisor must contribute to the above report in consultation with the line manager