**Appendix 2 – Progression Assessment Line Manager Recommendation**

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| --- | --- | --- |
| Line Manager Name | |  |
| Contact Details | |  |
| Date progression application read and approved | | Click here to enter a date. |
| Does the application give a full and detailed reflection of the applicants work? | | **Yes  No** |
| Has the applicant been subject to any informal/formal capability procedure? | | **Yes  No** |
| If yes, date and details re issues and outcome | |  |
| Has the applicant been subject to the absence management procedure? | | **Yes  No** |
| If yes – please detail date and stage | |  |
| Date of Last Appraisal / Appraisal Review  (copy to be submitted) | |  |
| Are any aspects of performance currently appraised as 'Poor Performer' or 'Developing or Inconsistent Performer'? | | **Yes  No** |
| Details: | | |
| Please provide a brief overview of the worker's strengths and areas for development: | | |
| Is this evidence portfolio a good reflection of the applicant's practice?  **Yes  No** | | |
| Do you feel the practitioner is ready to progress to the next level and has met necessary progression assessment requirements? **Yes  No** | | |
| Please explain: | | |
| **Date document completed** |  | |
| **Signed** |  | |