**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** |  |