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| **LINE MANAGER ENDORSEMENT FORM** |
| *Thank you for supporting your Allied Health Assistant to complete further education through the HETI AHA Scholarship Program. As part of the application process we require your endorsement. Please complete the details below.* |
| 1. **Name of Allied Health Assistant** |
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| 1. **Comment on this applicant’s suitability to undertake their chosen training activity.** |
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| 1. **Describe the level of need in your workplace which would require this applicant to upskill.** |
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| 1. **Indicate whether you endorse this applicant’s participation in completion of training funded under the Allied Health Assistant Scholarship Program.**   *NB: Applicants are required to be permanently employed by NSW Health*. *Applicants who are not permanent NSW Health staff, however who have worked as temporary or casual staff inside the LHD/SHN for more than 12 months, may apply if endorsed by their line manager. Please comment if you are endorsing an applicant in this circumstance.* |
| ⃝ Yes  ⃝ No    Comment |
| 1. **Is the Director of Allied Health or Director of Pharmacy and Cost Centre for your LHD/SHN aware of this application?** |
| ⃝ Yes  ⃝ No    Comment |
| **Line Manager** |
| **Name:**  **Signature:** |

**Please ask your Line Manager to complete this form, save to your computer as either a PDF or Word document, and then upload to your online application.**