

Post Graduate (HWNZ) Line Manager approval form

Applicants Name:

The applicant has:

Tick

- | | | |
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| 1. | Current annual practising certificate (APC) with no restrictions that would negatively impact on his/her ability to participate in the programme | |
| 2. | Chosen study relevant to their professional development career plan | |
| 3. | Selected study consistent with unit/service/organisational priorities and service goals/direction | |
| 4. | Evidence of active workplace contribution (e.g. preceptor, leadership etc.) | |

Has a current PDRP Portfolio yes / no Level: Portfolio expiry date.

Contribution to Department

Can be released for Block Course days yes / no

Applicant committed to complete qualification?

Funding recommended yes / no

Paper(s)	No of Block Course days	No of approved HWNZ Study Leave Days by Manager	Remarks

Line Manager's Reason for supporting funding:

Manager's Declaration : In submitting this form I agree to the declarations above

Manager's Name:		Unit/Department/Service:	
Phone Number:		Manager's Email:	
Date:		Manager's Signature:	