To the selection panel,

I, *[full name of endorsing person], [position]* from *[service]* verify that *[full name of applicant]* is employed in a designated lived or living experience role at this service as *[position]* and has worked in the public *[AOD/mental health]* sector for *[number]* years.

I confirm that our service will support the applicant’s learning by *[insert supports available for the applicant, for example, study leave, flexible workload, etc].*

Optional section for any further comments *[may include description of how the applicant could contribute to service leadership or management and how the proposed qualification will support this]*: Click or tap here to enter text.

*Signature* *of line manager/discipline senior:* Click or tap here to enter text.

*Date:* Click or tap to enter a date.

*Contact number/email:* Click or tap here to enter text.