**RE: Recommendation of support for employee to apply for the Lived & Living Experience Scholarship**

To the assessment panel,

I, [*full name of endorsing person*], [*position*] from [*organisation*] have read and endorse [*full name of applicant]*‘s application.

I confirm that [*full name of applicant]*:

* has been employed in the mental health or alcohol or other drug (AOD) sector for [*X years, X months]* and is employed (or will be commencing employment) at this organisation
* is intending to enrol in [*name of course]*:
* will be supported by the organisation with their learning (eg. through study leave, flexible work arrangement, etc.)

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

Relationship to applicant: *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.*

*Please note that the person signing this form must be the line-manager and/or discipline specific senior at the applicant’s place of work.*