

## Lived and Living Experience Workforce Leadership Development Grants

Dear grants assessment panel,

I, (full name of endorsing person, position, service/organisation) verify that (full name of applicant) is employed in a designated lived or living experience role at this service as (position of applicant) and has worked in the (Mental health, AOD, harm reduction) sector for (number of years).

I confirm that our service will support the applicant's learning by (insert supports available for applicant, such as study leave, flexible workload, etc)

You may want to include further comments of how the applicant will contribute to leadership or management at the service, and how the qualification or course will support this.

**Signature of line manager or senior:**

**Date:**

**Contact number and email:**