|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Line Manager Written Recommendation**  *Please include in your recommendation why the applicant to suitable to support the Women’s Leadership Programme.* | | | | | | | |
| Name |  | Job Role | |  | | | |
| Email |  | | | | | | |
| Recommendation: | | | | | | | |
|  | | | | | | | |
| If when assessing applications we would like more information, are you happy to be contacted by BUCS? | | | Yes | |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Manager Statement of Support**  *Please confirm below that the applicant will be supported during their time with the programme including that they will be able to attend all programme dates.* | | | |
| Name |  | Job Role |  |
| Email |  | | |
| Support Confirmation: | | | |
|  | | | |