

As the named operative below, I confirm that the assessments undertaken to demonstrate my sector specific occupational competence have been conducted during my normal onsite works.

Learner Name:		Learner Occupation:	
Signature (Not digital):		Date of Signing*: (Not digital)	

* The handwritten (not digital) date of signing this document reflects the last site assessment completed within the portfolio of evidence.

Note: this document **must** reflect the last dated site assessment completed. Where additional HERS element/s have been added, a new signed and dated document must be completed at the same time.

Signature	Name	AO / QS Number (where applicable)	Position
			Qualified Supervisor 1
			Qualified Supervisor 2
			Qualified Supervisor 3
			Authorising Officer 1
			Authorising Officer 2
			Authorising Officer 3
			Responsible Manager