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:	David Bullock	Learner Occupation:	Supervisor
Signature (Not digital):	Da-	Date of Signing*: (Not digital)	26-04-22

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

Note: this document <u>must</u> 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
Danul Men-	Daniel McCann	QS10729	Qualified Supervisor 1
			Qualified Supervisor 2
			Qualified Supervisor 3
ha	Lee James Payne	CA10591	Authorising Officer 1
			Authorising Officer 2
	,		Authorising Officer 3
	David Bullock		Responsible Manager
, ,			
	,		