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:	Brian Mulchrone	Learner Occupation:	Approved Person
Signature (Not digital):	Book Aldore	Date of Signing*: (Not digital)	14-10-2021

<sup>\*</sup> 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
Dannel Menn	Daniel McCann	QS10729	Qualified Supervisor 1
			Qualified Supervisor 2
			Qualified Supervisor 3
ha	Lee Payne	CA10591	Authorising Officer 1
			Authorising Officer 2
			Authorising Officer 3
760	David Bullock		Responsible Manager
3			