

THIRD PARTY DECLARATION

This declaration should be completed by someone who has personally observed the skills of the candidate.

Please complete the following information:

Name of Candidate:
Name of third party:
Qualification of third party:
Phone/email Contact for Third Party:
Date:
Activity/Competency/Skills observed:

What is your relationship to the candidate?	
How long have you worked with the candidate?	
Have you had opportunity to observe the candidate's skills in relation to the competency stated?	

Please complete the following declaration:

<p>I confirm that I am in a position to verify the experience claimed by the candidate in relation to the learning/skills listed below:</p> <ol style="list-style-type: none">1. _____2. _____3. _____ <p>Signature of third party: _____ Date: _____</p>
