Third Party Evidence

Name of Candidate Alex Achille	**Confidential Information**
RTO: Seaside Fitness	
Unit(s) of Competence	

As part of the assessment for the units of competency, we are seeking evidence to support a judgment about the candidate's competence. As part of the evidence of competence we are seeking reports from the supervisor and other people who work closely with the candidate.

Name of the supervisor: Dianne Roberts
Workplace: SEASIDE FITNESS
Address: 250 ANZAC AVENUE
Phone: 0408230860

Do you understand which evidence/tasks the candidate has provided/performed that you are required to comment on?	(Yes)	No
As the assessor explains the purpose of the candidates assessment?	(Yes)	No
Are you aware that the candidate will see a copy of this form?	(Yes)	No
Are you willing to be contacted should further verification of this statement be required?	(Yes)	No

What is your relationship to the candidate?	SUPERVISOR.
How long have you worked with the person being assessed?	4 MONTHS
How closely do you work with the candidate in the area being assessed?	WITHIN CLOSE PROXIMITY
What is your technical experience and/or qualification (s) in the area being assessed? (Include any assessment or training qualifications.)	DIPLOMA OF FITNESS BACHELOR OF BUSINESS