# Statement of experience

**Underground supervisor – 84 shifts in mine ventilation, mine planning or mine emergency management at an underground non-coal mine**

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| **SECTION 1: DETAILS OF EXPERIENCE**  **Minimum experience requirement is the completion of 84 fulltime shifts in mine ventilation, mine planning or mine emergency management at an underground non-coal mine. Experience in a supervisory role cannot be considered.** | | | | | | |
| **CANDIDATE NAME** | Click or tap here to enter text. | | | | | |
| **Name of employer and minesite**  **Use a separate template for each employer**  **Use separate line for each role** | | **Experience in mine ventilation, mine planning or mine emergency management**  **Provide a brief description of the duties undertaken in role** | | | **Dates in the role**  **dd/mm/yyyy to dd/mm/yyyy**  **Include number of shifts in role** | |
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|  | | | **Total number of shifts completed**  **Minimum 84 shifts required** | Click or tap here to enter text. | | **Shifts** |

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| **SECTION 2: CERTIFICATION OF EXPERIENCE AND COMPETENCY**  **To be completed by the Superintendent or Manager and the Supervisor from the site where the candidate gained experience on** | | | | | | |
| Name of Superintendent or Manager | | Click or tap here to enter text. | | Name of Supervisor | Click or tap here to enter text. | |
| Work phone Number | Click or tap here to enter text. | | | Work phone Number | Click or tap here to enter text. | |
| Work email address | Click or tap here to enter text. | | | Work email address | Click or tap here to enter text. | |
| Statutory certificate number (optional) | | Click or tap here to enter text. | | Supervisor examination number (optional) | | Click or tap here to enter text. |
| **Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1. (Mandatory)** | | | | **Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1.(Mandatory)** | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Superintendents or Manager signature** | | |  | **Supervisor signature** |  | |
| **Date** | | | Click or tap here to enter text. | **Date** | Click or tap here to enter text. | |
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