# 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** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **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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