

## City & Guilds Level 3 Certificate of Competence in Individual Windblown Trees (0039-37) Record of Assessment

To be completed by the registering City & Guilds centre:

**Candidate Name**

**Candidate Email**

**Candidate Tel**

**Candidate DOB**

**Candidate ENR**

**Assessment date**

**Centre Number**

**Centre Name**

**Assessor Name**

**Assessor No**

**Pre-req's Met**

**Yes**

**N/A**

To be completed by the City & Guilds approved Assessor:

ID Check complete

Yes

ID type

**Unit 308 - Individual windblown trees**

Number	Description	Outcome
1.1	Hazards, risks, controls and emergency procedures	
1.2	Industry guides and information	
1.3	Dealing with windblown trees	
Result		

Assessment Terminated:	In the interest of safety	At the candidate's request
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Assessor signature:

Candidate signature:

Full name:

Full name:

Date:

Date:

Assessment duration:

Satisfied:

Yes

No

Assessor feedback:

