

## City & Guilds Level 2 Certificate of Competence in Branch Removal and Crown Breakdown (0039-25) 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 206 - Branch removal and crown breakdown**

Number	Description	Outcome
1.1	Hazards, risks, control and emergency procedures	
1.2	Branch removal and crown breakdown	
Result		

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

Assessor signature:

Candidate signature:



Full name:

Full name:

Date:

Date:

Assessment duration:

Satisfied:            Yes            No

Assessor feedback:

