Occupational qualification/s I have applied for:

…………………………………………………………………………………………………………………………….................................

Skills Development Provider Name:

…………………………………………………………………………………………………………………………………………………

Confirms availability for a site visit planned by the QCTO on this date……………………………………………

The following components of the occupational qualification components will be offered at the following physical address venue/s

|  |  |
| --- | --- |
| Knowledge Component | Physical address :  |

|  |  |
| --- | --- |
| Practical Skills Component | Physical address : |

|  |  |
| --- | --- |
| Work Experience Component | Physical address : |

Name of the person who completed this confirmation sheet:

…………………………………………………………………………………………………………………………………………………………….

Contact details: email/ telephone number / cell number …………………………………………………………………..