Expert Witness Testimony

Qualification/unit: **EAL Level 3 NVQ Diploma in Installing Electrotechnical Systems and Equipment**

Candidate name:

Your assessor may wish to ask you some questions relating to this activity.

The person who observed/witnessed your activity must sign and date this document.

Your assessor will need evidence of electrical competence of your witness.

| **Criteria** | **Evidence** |
| --- | --- |
|  |  |

I confirm that the evidence listed is my own work and was carried out under the conditions and context specified in the standards.

Candidate signature: Date:

Expert witness signature: Date:

Internal Quality Assurer signature (if sampled): Date: