

# Statement of Attainment

*This is to certify that*

***Applicant's Name***

*has fulfilled the requirements for*

**HLTAID006 Provide Advanced First Aid**

This competency forms part of the  
**HLT – Health Training Package**



NATIONALLY RECOGNISED  
TRAINING

**Dated:**

**Credential Number:**

**Deborah O'Shea**

Authorising Signatory

National Provider No: 32238

ABN: 39 119 117 725