



## Monitoring Unit TRAINING ADVISORY FORM

To be completed by trainers registered by the Private Security Regulation Authority and submitted at least a week ahead of the start of a training course.

**Name of Trainer / Institution:**

**P.S.R.A Registration Number:**

**Telephone Number (s):**

**Email Address:**

**Location of Training:**

**Training Dates:**

**Training Syllabus being used:**  
 PSRA 80 Hours     City & Guilds Security Level 1   
 Heart Trust/NTA Industrial Security Operations NVQ-J Level 1   
 Other  \_\_\_\_\_

**How did persons apply for registration for the training course?**  
 Telephone     Email     Walk in     Website   
 Whatsapp     Facebook     Other  \_\_\_\_\_

**Indicate the requirements for enrolling in a training session**

Requirements for enrolling:  
 ID     TRN     NIS     Birth Certificate   
 School Leaving Certificate     Other \_\_\_\_\_

Do you administer an entry test? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the kind of test _____ _____ _____
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Do you administer a reading/writing test? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the kind of test _____ _____
Highest level of education attained by participants	Write the number of persons for each level Primary _____ Secondary _____ Tertiary _____ Other _____
Number of Participants	Female _____ Male _____ Total _____
<b>Signature of Trainer:</b> _____ <b>Date :</b> _____	
<b>For Use by PSRA Personnel</b>	
<b>Received by:</b> _____ <b>Date:</b> _____	
<b>Scheduled date of visit:</b> _____	
<b>Visited By:</b> _____	
<b>Date of Visit:</b> _____	
<b>Comments :</b> _____ _____ _____ _____ _____	