



## 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.	
<b>Name of Trainer / Institution:</b>	
<b>P.S.R.A Registration Number:</b>	
<b>Telephone Number (s):</b>	
<b>Email Address:</b>	
<b>Location of Training:</b>	
<b>Training Dates:</b>	
<b>Training Syllabus being used:</b>	
PSRA 80 Hours <input type="checkbox"/> City & Guilds Security Level 1 <input type="checkbox"/> Heart Trust/NTA Industrial Security Operations NVQ-J Level 1 <input type="checkbox"/> Other <input type="checkbox"/> _____	
<b>How did persons apply for registration for the training course?</b>	
Telephone <input type="checkbox"/> Email <input type="checkbox"/> Walk in <input type="checkbox"/> Website <input type="checkbox"/> Whatsapp <input type="checkbox"/> Facebook <input type="checkbox"/> Other <input type="checkbox"/> _____	
<b>Indicate the requirements for enrolling in a training session</b>	
Requirements for enrolling:	
ID <input type="checkbox"/> TRN <input type="checkbox"/> NIS <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Other _____	
Do you administer an entry test? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the kind of test _____ _____

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> _____ _____ _____ _____	