TRAINING ENROLMENT FORM

In terms of the Private Security Industry Regulation Act: 2001 – Act No. 56 of 2001

Section 1: Learner Personal Details

☐ Mr. ☐ Mrs. ☐ Miss ☐ Other .....

Surname: ..... Name: .....

ID/Passport No.: | | | | | | | | | | | | | Birthday: .....

Contact No.: | | | | | | | | | | Alternative/Emergency No.: | | | | | | | | | |

Email: .....

Nationality: ..... Province/State: .....

Residential Address: .....

.....

Postal Address: .....

.....

City/Town/Area: .....

Section 2: Training Programme Details:

Security Training Grade: ☐ Grade A ☐ Grade B ☐ Grade C ☐ Grade D ☐ Grade E

Course / Unit Standards Description: .....

.....

Training Start Date: | | | | | | | | | | Training End Date: | | | | | | | | | |

Section 3: Learner Declaration

I, the undersigned, hereby declare that:

- The information provided in this enrolment form is true and correct;
- I understand that successful completion of the training does not automatically guarantee PSIRA registration;
- I agree to comply with the rules, code of conduct, and disciplinary procedures of the training provider;
- I consent to my information being submitted to PSIRA for training verification purposes.

Learner's Name & Surname: .....

Learner's Signature: .....

Signature Date: DD / MM / YYYY

Section 4: Training Provider Details

☐ Mr. ☐ Mrs. ☐ Miss

Surname: ..... Name: .....

PSIRA Accreditation Number

Contact No.: | | | | | | | | | | Email: .....

Residential Address: .....

.....

Postal Address: .....

.....

Section 5: Office Use Only

Enrolment No.:

Proof of ID Received: ☐ Yes ☐ No

Proof of Payment Received: ☐ Yes ☐ No

Learner File Opened: ☐ Yes ☐ No

Officer's Name & Surnam: .....

Officer's Signature: .....

Signature Date: DD / MM / YYYY