

NOTIFICATION OF RESULT STATEMENT – QQI AWARD

To be completed by a PSA Approved Training Provider only
– see Guidelines for completion attached

Please print this form on the headed paper of the PSA Approved Training Provider.

1. Name and Address of validated Training Provider:	
2. QQI Registered Centre Number:	
3. Learner/Candidate Name:	
4. Learner/Candidate PPSN:	
5. Training Instructor Name:	
6. QQI Validated Programme Title:	
7. QQI Validated Programme Code:	
8. Level on the National Framework of Qualifications (NFQ):	
9. Dates Programme Delivered:	
10. Date(s) of Assessment:	
11. Assessment Result:	

To: The Private Security Authority, Licensing Division

I hereby certify that the above learner/candidate has completed the award set out above and that the result was/will be forwarded to _____ on ___/___/___ for external authentication.

Signature of Training Instructor: _____

Form TRF
January 2020

Guidelines on the completion of Form TRF

This form should be printed on:

Headed Paper of the PSA Approved Training Provider only.

ALL FIELDS (EXCEPT SIGNATURE) TO BE COMPLETED IN BLOCK CAPITALS

1. and 2. Name and Address of validated Training Provider & Registered Centre Number

Please provide the required details of the QQI validated training provider who completes the external evaluation process for your learner/candidate's assessments.

5. Training Instructor Name:

Please enter the name of the person who delivered the training.

6. QQI Validated Programme Title: 7. QQI Validated Programme Code: 8. Level on the National Framework of Qualifications (NFQ): 9. Dates Programme Delivered: 10. Date(s) of Assessment: 11. Assessment Result:

Please provide the programme title (e.g. Guarding Skills, Door Supervisor Procedures, Security Industry Procedures)

Please provide the programme code (e.g. 4N1118)

Please provide the programme level on the NFQ (e.g. Level 4 Minor)

Please state the dates the programme and assessment was delivered and

Please state the result of the assessment (e.g. Pass, Merit, Distinction, etc)

Declaration (at foot of page):

Please enter the name of the QQI validated training provider who carries out the external evaluation process and the date the assessment was forwarded to that training provider.