

## 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:	

**Please note that from 20<sup>th</sup> October 2023, all learners must complete the Mecpaths Anti-Human Trafficking Training Module. This must be verified by the Training Instructor in order for this TRF to be valid**

- Mecpaths Anti-Human Trafficking Training completed by learner and verified by trainer  
(Please tick)*

**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:** \_\_\_\_\_

## **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 Skills)*

*Please provide the programme code (e.g. 4N20604)*

*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.*