



Markwatch Security Training Services Ltd.

Unit – 216, Blanchardstown Corporate Park 2

Dublin – 15 Tel: 01-8206307

www.markwatch.ie, email: elaineharris@markwatch.ie

Course Registration / Certification Form

I understand that this form is completed in accordance with the Private Security Services Act 2004 & 2011 and the GDPR & Data Protection Act 2018. All answers / information is to the best of my knowledge true and correct. Please notify Markwatch for any information change.

*Please complete in block capitals and **unsigned forms may be returned.***

Module Title: **Venue**

Surname..... First Name(s).....

Date of Birth..... PPS No.....

Country of Birth..... Citizenship.....

Home Address.....

.....

Home Telephone..... Mobile.....

Email Address:

Your Job Title..... How Many Years in Security.....

Employer Name.....

Address.....

.....

Telephone..... Email.....

Are you / have been a member of any police / defence force, please state YES or NO.....

If yes, please give details.....

Have you ever been convicted of any criminal offence or are any criminal proceedings

pending against you in Ireland or in any other country, please state YES or NO.....

If yes, please give details.....

I attach one recent personal passport size photograph.
This photograph has been taken within the past six months.

Each photograph is signed on the back.
Please do not glue photos to the form.

GDPR CONSENT

I consent that Markwatch Security Training Services Ltd may: Make whatever inquiries are necessary to verify the information supplied and to provide my details to any relevant external agencies like An Garda Siochana, The Private Security Authority and QQI.

I am aware that it is a criminal offence under the Private Security Services Act 2004 & 2011 to provide false or misleading information to obtain certification or to supply any false documents knowing it to be so for the purpose of applying for a Private Security Authority Licence.

I understand that all complaints and appeals should be made in writing directly to the Markwatch Security Training Services Ltd. at the address printed on this form.

Learners Signature: **Date:**.....

To be completed by the course trainer:

This learner achieved a total mark of and the following grade.....

Module Code..... Course No.....

I have completed all documentation in accordance with Markwatch Security Training Services Ltd. rules and best practice. Delivery and assessment was conducted in accordance with Markwatch Security Training Services Ltd. rules and best practice.

Signature.....Date.....

Contact number(s) for queries:



Checklist (✓)

- Completed Application Form – Signed and dated
- Fee - €250
- One passport size photograph
- ID proof – photocopy
- Proof of address – photocopy
- English Language Certificate – (if required or else N/A)

NOTE:

Garda Vetting Form & PSA License details may be obtained online from www.psa-gov.ie

Help to fill application form:

Module Title: Basic Guarding Skills

Venue: Markwatch + Online

Your job title: If you are working put details or else N/A