

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 20th 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.