



# Mark Watch Security Training Services Ltd.

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## Course Registration / Certification Form

I understand that this form is completed in accordance with the Private Security Services Act 2004 and the Data Protection Act 1988 / 2003. All answers / information is to the best of my knowledge true and correct. Please notify the Mark Watch 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 photographs. These photographs have been taken within the past twelve months.

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



### **Conditions and Information:**

I authorise the Mark Watch Security to:

Make whatever enquiries deemed necessary to verify the information supplied.

Store my information in hard copy and/or on its computer database.

Disclose any relevant information to, for example, the following – An Garda Siochana – Private Security Authority – Further Education and Training Awards Council – Department of Education and Science.

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 the Mark Watch Security reserves the right to withdraw its certificates in the event of any false or misleading statements made or information or documentation submitted by the learner or trainer. Other relevant bodies may also be provided with this information.

I agree to inform Mark Watch Security promptly of any problems or complaints in respect of trainers or within the training environment and to assist the Mark Watch Security with any enquiries into such matters.

I understand that all complaints and appeals should be made in writing directly to the Mark Watch Security 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 Mark Watch Security rules and best practice. Delivery and assessment was conducted in accordance with Mark Watch Security 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

Help:

Module Title: Basic Guarding Skills

Venue: Markwatch + Online

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