

# Notification of Completion of FETAC Award

To be completed by Training Provider – See Guidelines for completion below

Please print this form on your FETAC Accredited Training Provider headed paper OR your company stationery

FETAC Registered Provider Name & Address	
FETAC Registered Provider Registration Number	
Training Instructor Name	
Learner/Candidate Name	
Learner/Candidate PPSN	
FETAC Accredited Course Title	
FETAC Accredited Course Code	
Level of Award (Major/Minor)	
Level on the National Framework of Qualifications	
Date Course Delivered	
Date of Notification of Assessment	
Assessment Result	

**To: The Private Security Authority, Licensing Division**

I hereby certify that the above learner has completed the award setout above and that the assessment result was / will be forwarded to \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_ for external evaluation.

**Training Instructor Signature:** \_\_\_\_\_

**FORM TRF**

**Guidelines on the completion of Notification of a FETAC  
Award Form**

**This form should be printed on one of the following:**

FETAC Accredited Training Provider Headed Paper

**OR**

Your Company Stationery

**All Fields to be completed in Block Capitals**

**FETAC Accredited Provide Name, Address & Registration Number**

Please provide the required details of the FETAC Accredited Security Training Provider who completes the external evaluation process for your learners assessments.

**Please enter the Training Instructor Name**

**Learner /Candidate Name & PPSN:** *Please enter your learner details*

**Training Course Details:** *Please provide the following information:*

FETAC Accredited Course Title e.g. Guarding Skills

FETAC Accredited Course Title e.g. C10266

Level of Award e.g. Major or Minor Award

Level on National Framework of Qualifications e.g. Level 4, 5 etc

Date Course was Delivered

Date Trainer carried out Assessment

Result of Trainer Assessment

**Declaration:** *Please complete the declaration section*

Please enter the name of your FETAC Accredited Training Provider who carries out the External Evaluation process.

Please enter the date the assessment was forwarded to your FETAC Accredited Training Provider for External Evaluation.

Training Instructor Signature