

PRIVATE SECURITY INDUSTRY
REGULATORY AUTHORITY
PRIVATE BAG X817
PRETORIA
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PSiRA
Private Security Industry Regulatory Authority

**Private Security Industry Regulatory
Authority (PSIRA)**

Tel. No: (012) 003 0500 / 1
Fax No: 086 558 3030

PSIRA 65 A

**CONSENT FORM FOR DISCLOSURE OF PERSONAL CONTACT DETAILS AS A
FREELANCING INSTRUCTOR**

I the undersigned

Full names and identity (and hereinafter called "Security Service Provider")

With identity number:

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

hereby consent to the disclosure my personal information, including my contact details to industry participants or interested parties including but not limited to applicant training centers or persons in need of my services as an accredited instructor,

I declare that I will abide by the following below and the provisions for security service providers imposed by the Code of Conduct for Security Service Providers Regulations, 2003 and in particular but not limited to:

- Regulation 19 of the Code of Conduct for Security Service Providers Regulations, 2003
- I will disclose the correct information about my accreditation status with the Authority to the relevant party;
- I will present proof of the accreditation as an instructor by presenting certificate issued by the Authority assisting the training centers in keeping the necessary documentation as the instructor; this will include any other documents requested by the training center in keeping my profile
- Without any misrepresentation, I will comply with the administration of training in varying institutions and will not at any given time double book myself for training session;
- Submission of course reports under my name shall be a true reflection that, in deed I have offered training as stated and have marked the examinations of respective learners;
- I will not jeopardize the scheduled training by the appointing training centers, by not availing myself on the terms by the training center and
- I will present classes in line with the course outlines for specific grades aligned to the scope of accreditation.

DETAILS OF INSTRUCTOR

| SCOPE OF ACCREDITATION | | | | | |
|--|--|-------------------------|-----------|---------|---------|
| PSiRA Number | | | | | |
| Scope of Accreditation (<i>Tick Grades relevant Grades</i>) | Grade E | Grade D | Grade C | Grade B | Grade A |
| | | | | | |
| EMPLOYMENT STATUS | | | | | |
| <i>Please confirm your current employment status in the industry as an Instructor (Tick)</i> | | | | | |
| Active Employed | | Active but not employed | | | |
| Number of companies linked to | Name of Company – Training Centre | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Did you disclose | Yes | | No | | |
| Any Comments | | | | | |
| Preferred number Contact Details to share: | Mobile Number | | | | |
| | Tel Number | | | | |
| | Email address | | | | |

Note:

Please complete the form as necessary and send or hand deliver it to Training Department by email at:

1. Ndabezinhle.luthuli@psira.co.za Contact by telephone on: 012 003 0596
2. Selaelo.masupa@psira.co.za Contact by telephone on: 012 003 5622
3. Lavhe.nelwamondo@psira.co.za Contact by telephone on: 012 003 0629

By completing this form, you agree that the Authority will share your contact details on request received by the Training Department from all potential applicants seeking accreditation.