



# SAFEHOUSE SECURITY & TRAINING



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## Course Application Form

Door Supervisor		Security Guarding		Avoidance, Disengagement & holding	
Personal License Holder		CCTV Operations		Alcohol in Awareness	
		Music Promoters			

Name: ..... Age: ..... D.O.B.: .....

Address: .....

Postcode: ..... National Insurance No.: .....

Tel. No.: ..... Mobile: .....

Are you currently working? YES / NO Who for?: .....

Have you worked in Security? YES / NO Who for?: .....

Have you ever held a badge for security? YES/NO Badge No.: .....

Have you ever achieved an NVQ/ City & Guilds/or Equivalent Qualification? YES / NO

Where did you hear about Safehouse Training? .....

Internet | Door staff | Yellow Pages | Safehouse Office | Other (Please Specify)

PLEASE NOTE: Communication in English, both oral and-written, is an integral requirement of the SIA competencies for licensing.

