

NCG TRAINING

MAYBO AND BIIAB TRAINING PROGRAMMES

Norwood Community Group



Building Bridges in the Community

MAYBO AND BIIAB TRAINING PROGRAMME

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

APPLICATION FORM

Which course you are applying for?

BIIAB Level 2 award in Door Supervision	<input type="checkbox"/>	MAYBO Level 2 Physical Intervention Course	<input type="checkbox"/>
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BIIAB Level 2 CCTV Operations (Public Spaces Surveillance)	<input type="checkbox"/>
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Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Job title	<input type="text"/>	Name of Organisation	<input type="text"/>
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Please tick the appropriate box:

Voluntary sector	<input type="checkbox"/>	Statutory sector	<input type="checkbox"/>	Unemployed/ Benefits	<input type="checkbox"/>
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Address	<input type="text"/>	Telephone	<input type="text"/>
		Mobile phone	<input type="text"/>
		Email	<input type="text"/>
		A LOT OF MATERIAL WILL BE SENT TO YOU VIA EMAIL, SO PLEASE ENSURE THIS IS AN ADDRESS YOU ACCESS OFTEN	
Postcode	<input type="text"/>		

Qualifications and experience

<input type="text"/>

Highest academic qualification gained

<input type="text"/>

Experience of working within security

<input type="text"/>

As part of the course, we will expect participants to agree to Norwood Community Group's guidelines and requirements.

Please confirm that you can attend all of the training days and you agree to carry out all the practical and written tasks?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please note, only people who can attend all of the training days and agree to complete all tasks will be able to complete the course

Do you have any special requirements (disabilities or otherwise)?

What are your reasons for applying for this course?

Any other comments? (Please continue on a separate sheet if necessary)

Signed: Applicant

Date:

I agree to attend the above course for its full duration.

Signed: Applicant

Date:

Comments:

Please tick if you do not want to receive information about Norwood Community Group's work, events and publications.

Thank you for completing this application, please return it to:

The Old Library Hub
14-16 Knights Hill
West Norwood
London SE27 0HY

CONFIDENTIAL
HEALTH CHECK FORM

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION

Name	
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Address	
	Postcode

EMERGENCIES ONLY

Next of Kin	
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Relationship	
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Phone	
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It is essential we have an up to date record of any injuries of health problems you may have suffered. Please indicate on the form below. This will not necessarily prevent training.

Please record whether you suffer could be suffering or have suffered from:

CONDITION	YES	No	CONDITION	YES	No
EPILEPSY			ASTHMA		
BACK PROBLEMS/INJURY			BLEEDING DISORDER		
HEAD INJURY			BREATHING DIFFICULTY		
WEAK JOINT/JOINT INJURY			PREGNANT		
INFECTIOUS DISEASE			ANY OTHER CONDITIONS		

If you have answered YES to any of the above please give full details, together with the details of medication or surgery.

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Signature		Date	/ /
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Acceptable Proof of Identification As Specified by the Security Industry Authority (SIA)

Group A	Code
• Signed valid passport (any nationality)	001
• Signed UK photo driving licence (both parts of the full or provisional licence are required)	002
• Original UK Birth Certificate (issued within 12 months of birth, but not a photocopy)	004
• UK Adoption Certificate	005
Group B	
• Valid UK firearms licence with photo	006
• UK Birth Certificate (issued more than 12 months after date of birth, but not a photocopy)	007
• Marriage Certificate or Civil Partnership certificate (with translation if not English)	008
• P45 statement of income for tax purposes on leaving a job**	009
• P60 annual statement of income for tax purposes**	010
• Bank or Building Society statement issued to current address *(You can use more than one statement as long as each is issued by a different service provider)*	011
• Mortgage statement **	012
• Pension, endowment or ISA statement**	013
• Gas/electric/telephone/water/satellite/cable/mobile phone contract/utility bill from current address (You can only use a maximum of one utility bill)*	014
• Certificate of British Nationality	015
• British work permit or Visa **	016
• A payslip, with your address, and the employers name or logo *	017
• A credit card statement from current address (You can use more than one statement as long as each is issued by a different service provider)*	018
• Child Benefit book **	019
• Court summons **	020
• Letter from H.M. Revenue & Customs /DWP/Employment Service/local authority (You can use more than one statement as long as each is issued by different Government departments or different local authorities)*	021
• TV licence in your name and current address**	022
• Valid EU photo ID card	023
• Signed UK paper driving licence	024
• Non UK Birth Certificate (with translation if not in English, but not a photocopy)	025
• Council Tax statement**	026

* Documentation should be less than 3 months old

** Issued in last 12 months

Accepted Identification Documents:

- **Two identity documents from Group A. At least one document must show the candidate's current address and at least one document must show the candidate's date of birth.**

OR

- **One identity document from Group A and two documents from Group B. At least one document must show the candidate's current address and at least one document must show the candidate's date of birth.**