

**Guidance Notes for Completing
Application Form for Nominated Tutor
BIIAB Level 2 Award in Door Supervision
(Form NT/DS)**

Sections 1 - 4. Please confirm tutor contact details.

Section 5. Please confirm centre details.

Section 6. Please confirm centre number.

Section 7. To be completed if tutor is to deliver the following units:

- Core Unit (Working in the Private Security Industry)
- Specialist Unit (Working as a Door Supervisor)

Section 8. To be completed if tutor is to deliver the following units:

- Core Unit (Working in the Private Security Industry)
- Specialist Unit (Working as a Door Supervisor)
- Conflict Management Unit (Conflict Management for the Private Security Industry)

Section 9. To be completed if tutor is to deliver the following units:

- Core Unit (Working in the Private Security Industry)
- Specialist Unit (Working as a Door Supervisor)
- Conflict Management Unit (Conflict Management for the Private Security Industry)
- Physical Intervention Unit (Physical Intervention Skills for the Private Security Industry)

Section 10. Please note that BIIAB may wish to take up references in support of your application.

Section 11. The applicant is required to sign the application.

Section 12. The application must be signed by the Head of Centre/Organisation or senior member of staff.

Please Note:

Failure to fully complete the Form NT/DS may lead to a delay in processing the application. A CV is not acceptable as an application to become a Nominated Tutor.

Include, with this application, photocopies of any certificates/qualifications relevant to the application.

Form NT/DS is a master copy; photocopy each time an application is made.

Application for Nominated Tutor
BIIAB Level 2 Award in Door Supervision

Please complete in block capitals using black ink

1. Surname: Forename:..... Title:.....
2. Membership No:
3. Tutor Email Address:.....
4. Tutor Telephone No:.....
5. Approved Centre/Organisation:
6. Centre Number:

7. Tutors wishing to deliver the 'Core Unit' and 'Specialist Unit' are required to hold a Level 3 teaching or training qualification equivalent to PTTLs accredited by Ofqual, SQA or endorsed by the HE Academy and occupational experience.

Copy of Level 3 Teaching or Training Certificate Enclosed

8. Tutors wishing to deliver the 'Core Unit', 'Specialist Unit' and 'Conflict Management Unit' are required to hold a teaching or training qualification equivalent to PTTLs accredited by Ofqual, SQA or endorsed by the HE Academy and a Level 3 or above qualification in the delivery of conflict management training and occupational experience.

Copy of Level 3 Teaching or Training Certificate Enclosed

Copy of Level 3 Conflict Management Certificate Enclosed

9. Tutors wishing to deliver the 'Core Unit', 'Specialist Unit', 'Conflict Management Unit' and 'Physical Intervention Skills for the Private Security Industry' are required to hold a teaching or training qualification equivalent to PTTLs accredited by Ofqual, SQA or endorsed by the HE Academy, a Level 3 or above qualification in the delivery of conflict management training and a Level 3 qualification in delivering physical intervention training or approved equivalent*.

Copy of Level 3 Teaching or Training Certificate Enclosed

Copy of Level 3 Conflict Management Certificate Enclosed

Copy of Level 3 Physical Intervention Certificate or Equivalent Enclosed

* an acceptable equivalent would be a certificate from an approved level 3 programme that confirmed a trainers ability to deliver the skills in an approved level 2 programme. It is expected that all trainers will have achieved the relevant SIA recognised national qualification for trainers delivering physical skills by August 2011.

10. Please give the name and address of two referees (not employed by the BIIAB) who can attest to your suitability to be a Nominated Tutor in the subject(s) applied for.

(i) Name:Title (Mr, Mrs Ms etc):

Position in company:

Address:

.....

Tel No: Fax No: Email:

(ii) Name:Title (Mr, Mrs Ms etc):

Position in company:

Address:

.....

Tel No: Fax No: Email:

11. I confirm to the best of my knowledge the statements made in this application are correct.

SIGNATURE (of applicant): Date:

12. SIGNATURE: Date:
(Head of Centre/Organisation or senior member of staff)

Please submit via the Centre Contact to:

Quality Assurance Manager
BIIAB
Wessex House
80 Park Street
Camberley
Surrey GU15 3PT