



Declaration for Trainers and all employees

PERSONAL INFORMATION

First Name:		Last Name:		Annexed (✓)
Title: (Mr, Mrs, Ms, Miss, Dr, Other)		Garden: (male or female)		
Date of Birth:	DD/MM/YYYY	Place:		
Nationality:		Resident:		
Passport or ID Card N°:		Driver's license N°:		✓
Current Address:				
National Insurance (NI) N°:		Employee's status		✓
Phone Number:		Email:		

I have read and understood the Organizational structure and used documentations of PSA International as well as the contents of the PSA's main procedures and policies

These following:

- **Health and Safety Policy**
- **Equality and Diversity Policy**
- **Data Protection Policy**
- **Quality Assurance Policy**
- **Learner Feedback Forms**
- **Complaints Procedure and Policy**
- **Appeals Procedure and Policy**
- **Reasonable Adjustment Policy**
- **Malpractice and Maladministration Policy**
- **Conflict of Interest Policy**

I declare and certify, that the data given above is true and that I am authorised by the PSA centre to supply the information given above to the appropriate organisations and authorities, furthermore

- I recognize as well as agree to abide by these procedures and policies what above wrote.
- as well as I approve that during the training period, sound, image and video recordings can be made of me and these recordings can be used on trainings and other publicity and promotion measures by PSA International and its educational institute, the PSA Academy. (E.g. Brochure, Facebook, Twitter, LinkedIn, and any other media)
- I accept that if I makes a false details application it may lead to the removal of my Trainer and employee status and I declare so then I will accept my legal responsibility, which I testify with my signature also in this present declaration.

Name	Signature:	Role (Assessor / Trainer etc.)	Date: DD/MM/YYYY