**Request to Confirm Centre Details to the SIA**

I hereby authorise Pearson to provide the details below to the SIA to appear on the SIA list of Training Providers.

|  |  |
| --- | --- |
| Centre name |  |
| Pearson approved centre number  *(for Pearson use only)* |  |
| Centre address  *(please note this must be the same as your registered Pearson centre address)* |  |
| Website address |  |
| Telephone number |  |
| Region(s) in which you offer the  qualification(s) | Scotland  Northern Ireland  North East  North West  Wales  London  South West  South East  East  Midlands  Overseas  *Please delete as necessary* |
| Qualification(s) | CCTV Operator  Close Protection Operative  Door Supervisor  Security Guard  Vehicle Immobiliser  *Please delete as necessary* |

I confirm that all details are correct and I authorise Pearson to forward these details to the SIA for use within the ‘Search for a Training Provider’ facility on the SIA website.

Name:

Signature:

Position at centre:

Date:

Please send this completed form to [ukvqapprovals@pearson.com](mailto:ukvqapprovals@pearson.com)

Pearson will send this information to the SIA on 10th of every month. Please complete another form if any of the details change.