**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) | ScotlandNorthern IrelandNorth EastNorth WestWalesLondonSouth WestSouth EastEast MidlandsOverseas*Please delete as necessary* |
| Qualification(s) | CCTV OperatorClose Protection OperativeDoor SupervisorSecurity GuardVehicle 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

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