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|  | **Candidate and Assessor Declaration** |

**Application of Conflict Management in the Private Security Industry**

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| **Centre Name** |  | **Centre Number** |  |
| **Date of Assessment** |  | **Venue** |  |
| **Assessor’s Name** |  | **Candidate’s Name** |  |

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| **Assessor/Trainer Declaration** | | | | | |
| I confirm that the candidate named on this form has completed the practical assessment for this unit and has attended the training and met the minimum training requirements. The candidate has been observed fully and has taken an active part in the training. I declare that this candidate has demonstrated sufficient competence in the skills required throughout my observation. | | | | | |
| **Assessor/tutor name** |  | **Signature** |  | **Date** |  |

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| **Candidate Declaration** | | | | | |
| I confirm that I have completed the practical assessment for this unit and have attended the training and met the minimum training requirements. I have been observed fully throughout my training and have taken an active part. | | | | | |
| **Candidate name** |  | **Signature** |  | **Date** |  |