



BIIAB Candidate and Assessor Declarations

Centre Name		Centre Number	
Date of Assessment		Venue	
Assessor's Name		Candidate's Name	

Assessor/Trainer Declaration

I confirm that the candidate named on this form has completed the required practical assessments for this qualification, has attended the training and met the minimum contact hours. 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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Approved PI programme used:

Assessor/tutor name		Signature		Date	
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Candidate Declaration

I confirm that I have attended the training as required by the qualification. I have received theory training, taken part in practical activities, and been assessed, by video recordings, Question & Answers sessions, and exams. I believe I have the necessary skills and knowledge to work safely in a Security role.

Candidate name		Signature		Date	
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