

(This space reserved for office use only)

Please print or type in black ink

General Information

1. This form is to be completed by training entities that provide training in accordance with the Ministry's security guard and private investigator curricula pursuant to the Training and Testing Regulation made under the *Private Security and Investigative Services Act, 2005*.
2. Training entities that have completed this form:
 - will be given instructions on how to access the Ministry's Training Entity database;
 - will be issued a User Account and Password; and
 - may be posted on the Ministry's website and elsewhere at the Ministry's discretion.

Training Entity Information

The Ministry's basic training can only be offered by:

- a public university;
- a community college;
- a private career college, as part of a program approved under the *Private Career Colleges Act, 2005*;
- an agency licensed under the *Private Security and Investigative Services Act, 2005* to sell security guard and/or private investigator services;
- a business entity registered under the *Private Security and Investigative Services Act, 2005* that employs its own in-house security personnel (Note: registered business entities can only train their own employees).

Please identify, which training category you fall within by placing a tick in the appropriate box

- | | | |
|--|---|--|
| <input type="checkbox"/> Public University | <input type="checkbox"/> Licensed Agency | <input type="checkbox"/> Community College |
| <input type="checkbox"/> Registered Business | <input type="checkbox"/> Private Career College | |

Operating / Trade Name

Business Name

Address

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Business Telephone No. Ext.		Fax No.	Email Address

Mailing Address (Only complete if different from the address noted above)

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

Type of Training That Will Be Provided

- | | | |
|---|---|--|
| <input type="checkbox"/> Security Guard | <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Security Guard and Private Investigator |
|---|---|--|

Consent

The information that you have provided in this form is collected under the authority of subsection 10(1) sub-paragraph (b)(iii) of the *Private Security and Investigative Services Act, 2005* for the purpose of administering the Training and Testing Regulation made under that Act. For further information please contact a Customer Services Representative at 416 212-1650 or toll-free at 1 866 767-7454. 25 Grosvenor Street, 1st Floor, Toronto ON M7A 1Y6.

By signing this form:

- I agree to provide consent forms to the students that my organization trains. These forms have been prepared by the Ministry for the purpose identified below.
- I agree to disclose, with the students' consent, all training results to the Ministry of Community Safety and Correctional Services and to the Ministry's Test Delivery Vendor, Serco DES Inc.
- I authorize the Ministry to identify my organization, on the Ministry's website and elsewhere at the Ministry's discretion, as a training entity for the purposes of the Training and Testing Regulation made under the *Private Security and Investigative Services Act, 2005*.
- I certify that I have read this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent on behalf of my organization, and that I am providing consent freely and voluntarily.

Name	Signature	Date (yyyy/mm/dd)
------	-----------	-------------------