

Faculty Registration Form

Please complete in black ink and block capitals



For instructions:

<http://www.psebun.org/> / info@psebun.org

Complete this form if you wish to register in faculty development programs (FDP) with PSE Board or update an existing PSE Board registered trainer with additional qualifications. We currently require registration of trainers wishing to deliver any of the qualifications being offered by PSE Board.

1. Centre Details

Centre Name	
Centre Number	
Centre Address:	
Postal code:	

2. Qualification Details

Please confirm which qualification(s) the trainer is going to deliver. (QP)

3. Trainer Details

Title*:	
First Name*:	
Surname*:	
Trainer No: (if applicable)	
Date of birth:	
Address*:	
Postcode*:	
Country: (if not India)	
Telephone*:	
Mobile*:	
Email*:	

4. Trainer Knowledge & Experience

Please list the relevant qualifications and awards the trainer holds.

Current Trainer Qualifications

Any Professional Memberships held by the trainer

Is the trainer currently registered with any other training providers?

Yes No

If yes, please provide the training provider name(s)

*Required

Trainer Knowledge & Experience (continued)

Have you ever had an allegation of malpractice upheld against you?

Yes

No

If yes, please provide further details below

5. Additional Information

Please use this space to provide Sector Council you wish to apply for ToT programmes.

6. Industry Sectors (Tick your training domain as appropriate)

Technology

Health Care

Engineering

Humanities

Management

Life Skills

Academia

7. Declaration

I understand that PSE Board qualifications only be delivered by a trainer registered with the PSEB for the relevant qualification(s).

Tick

I confirm I have read and understood the teaching and assessment requirements as set out in the PSEB website www.psebun.org

I have provided copies of the certificates listed in section 4.

I confirm the centre detailed in section 1 holds a copy of the trainers current CV and CPD on file.

Trainer Declaration

Signature:

Printed Name:

Date:

Centre Declaration

Signature:

Printed Name

Position

Date:

Before sending this form please make sure you have:

- Read and understood the centre and trainer registration and approval documentation
- Read and understood the approved centre handbook, agreement and qualifications of PSEB
- Read and understood the malpractice, maladministration and sanctions policies
- Completed all sections of this form
- Included copies of any certificates detailed in section 4.

For more information about this document please contact:

Email: info@psebun.org

visit: www.psebun.org