

30<sup>th</sup> May 04

# **S.T.A.T**

## SECURITY TRAINING & TACTICS

### Application Diploma Risk Management

GIVEN NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_

D.O.B \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Email \_\_\_\_\_

SECURITY LICENCE NUMBER \_\_\_\_\_

LICENCE CLASS \_\_\_\_\_

Do you have any special needs or disability of which we should be aware? YES/NO

If yes please provide details \_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Failure to provide correct details can delay or stop you from being granted your license.