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| Course application SRS HRCP  Please complete the application in Word and save before printing and signing. Send in scanned copy. | | |
| SRS High Risk Close Protection | Insert course number(s) | |
| Alt one | Alt two |
| HRCP XXX | HRCP XXX |
|  | | |
| 1. Personal details | | |
| All first names  *(used name in CAPITAL LETTERS)* |  | |
| Surname |  | |
| Personal Social Security Number (eq) / personnummer |  | |
| Citizenship |  | |
| Driver’s licence (type(s)) |  | |
| Swedish proficiency level *Native (1) Professional (2) Everyday (3)* |  | |
| English proficiency level *Native (1) Professional (2) Everyday (3)* |  | |
| 1. Contact details | | |
| Full postal address |  | |
| Email 1 |  | |
| Email 2 |  | |
| Phone 1 |  | |
| Phone 2 |  | |

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| --- | --- | --- | --- |
| 1. Prior learning and competencies | | | |
| Any security qualifications and trainings | | | |
| Type | | Organisation | Year |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Security employment | | | |
| Type/Role | | Employer | Year |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Military experience | | | |
| Conscription, employment, unit | | Role | Year |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Police experience | | | |
| Training, employment, unit | | Role, type | Year |
|  | |  |  |
|  | |  |  |
| Medical qualifications | | | |
| Type | | Organisation | Year |
|  | |  |  |
|  | |  |  |
| Weapons training | | | |
| Category | Type (make) | Organisation | Year |
| Pistol |  |  |  |
| Carbine |  |  |  |

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| 1. Health declaration | | | | | |
| Do you have any medical conditions? |  | YES |  | NO |  |
| Do you have any other conditions? |  | YES |  | NO |  |
| If YES, what would that be, and do you think it might interfere with the training? |  | | | | |
| Any allergies? |  | YES |  | NO |  |
| If YES, which? |  | | | | |
| Physical status | | | | | |
| Run 2 km (time) |  | | | | |
| Drag person/doll (80kg) 50m |  | YES |  | NO |  |

|  |
| --- |
| 1. Sign |
| SRS L&D require these details to ensure individual qualification for the course(s) and to ensure best possible training completion. Due to the nature of the Course and certain content trained within SRS reserves the right to deny any applicant to start the training based on applicant information provided, SRS reference taking and our assessment of required language levels for completion of training and examinations.  This document in its entirety will be destroyed by SRS L&D after individual course completion, or directly if individual acceptance qualifications are not met.  Personal details such as name, date of birth and contact details will be kept according to Supervising and Awarding Bodies’ certification regulations.  According to law you are entitled to know your personal details kept by SRS once a year. This at no cost to you after sending in a signed request. You are also entitled to demand change to any own personal details kept and handled by SRS.  *By signing this document, you ensure that the information given is correct and that SRS have the right to handle the information as described above.* |
| Signature (applicant) |
|  |
| Name |
| City |
| Date |

Attach to this filled out application (mandatory):

* National Criminal Records Report.
* Copies of any learning certificates, employment records, etc. claimed above.

Filled out, signed and scanned application added to course application