Training principal declaration

This form is used to notify us of a new training principal.

The declaration below should be completed by a manager of the Authorised Training Provider on behalf of the organisation.

You must read the <u>Education</u>, <u>Training and Assessment Provider</u>
<u>Regulations [https://indemnity.sra.org.uk/solicitors/standards-regulations/education-training-assessment-provider-regulations]</u> and the related guidance prior to completing the form.

Please note the role of any previous Training Principal must also be ended. This can be through the organisation's mySRA
<a href="mailto:https://indemnity.sra.org.uk/mysra/] profile.

Your form has been submitted successfully

Organisation name Organisation SRA ID Manager name Manager SRA ID

Training principal details

Training principal details

Title
Forename(s)
Surname
Date of Birth
SRA ID (if applicable)
Email address
Telephone number
Start date (the date they began the role of training principal)

Qualification

Declaration

- I have read, understood and agreed to the Education, Training and Assessment Provider Regulations
- I will ensure that the nominated training principal complies with regulation 5.1 of the Education, Training and Assessment Provider Regulations

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Confirm	nation ————————————————————————————————————
○ Tick	to confirm you understand and confirm the above.
Submit	