

ANNEX 3 APPLICATION FOR TRAINING CENTRE APPROVAL

The organisation

Name of centre

Centre address
(correspondence address)

Postcode

Registered name of the organisation
(if different from above)

Registered address
(if different from above)

Postcode

Centre tel. number

Name of the person responsible for this application

(Please see condition v)

Email address

Position

(Please see conditions v and vi)

Name of person to contact in relation to this application

(Please see condition vii)

Email address

Nature of business

- Employer with in-house training
- Training provider with own premises
- Training provider intending to use a range of premises
- Employer provider intending to use a range of premises
- Employer offering training to third parties
- Consortium lead
- Other – please specify

Number of employees:
(if a consortium, state number of employees across all members)

<10 11-99 100-249 250+

Sector(s) to which you intend to deliver:

LGV PCV LGV & PCV

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Approvals you already hold for training/assessing
(Please include evidence of these approvals)

1. Kitemarks or standards you already hold (eg. IIP, ISO, TQS, Customer First)

2. Do you currently deliver publicly funded training? YES NO
If YES, have you been inspected by OFSTED/ALI YES NO
If YES, what grades were you given for 1. Leadership & Management
2. Logistics/Passenger Transport

3. Do any of your employees have delegated examiner status with the DSA? YES NO

4. Are any of your instructors registered on the DSA voluntary register for LGV Instructors? YES NO

5. Are any of your instructors registered on the GoSkills voluntary register for PCV Instructors? YES NO

6. Any other approvals you hold (please list)

Any relevant courses currently being delivered:

Course title	Directive syllabus reference

The infrastructure

General requirements

Before completing this section, please read the conditions attached to this form.
Please be aware that the information you provide may be subject to scrutiny at any time.

NOTE: If you are a consortium lead, you are confirming that all consortium members are complying with the requirements below.

Please confirm that you have:

	YES	NO
A Suitable premises for:		
Delivering training	<input type="checkbox"/>	<input type="checkbox"/>
Storing training records	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>
B Sufficient resources for training:		
Teaching aids	<input type="checkbox"/>	<input type="checkbox"/>
Materials	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
C The appropriate vehicles for delivering in-cab training (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>

(All vehicles used in this training must be suitably insured, maintained and hold a current MOT, where applicable. You may be asked to verify this at any time.)

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Please confirm that you have:

		YES	NO
D Policies for:	Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>
	Equal opportunities	<input type="checkbox"/>	<input type="checkbox"/>
	Health and safety	<input type="checkbox"/>	<input type="checkbox"/>
	Trainer standards/development	<input type="checkbox"/>	<input type="checkbox"/>
	Data protection	<input type="checkbox"/>	<input type="checkbox"/>
E Administration staff:	Accountable for completing procedures for periodic training	<input type="checkbox"/>	<input type="checkbox"/>
	Procedures	<input type="checkbox"/>	<input type="checkbox"/>
	IT systems	<input type="checkbox"/>	<input type="checkbox"/>
F Procedures for dealing with complaints and refunds		<input type="checkbox"/>	<input type="checkbox"/>

Training sites

Number of proposed sites for delivering training

If you have more than one site please include, on a separate page, a full list with addresses in accordance with condition ix. Please note: JAUPT will communicate only with the contact person listed in the application.

You must have the processes and quality assurance in place to maintain a consistent standard across all trainers, sites and courses delivered. Please give details in the box below of how this will be achieved.

Courses

If known, please list the courses you intend to deliver and the part of the syllabus they cover. This list can be changed or added to at any time.

(NOTE: each specific course must be approved by submitting a separate Course Approval Application form.)

Course title	Directive syllabus reference

Appropriate trainers

Please provide a list of the trainers you intend to use to deliver these courses. Centres are required to keep comprehensive and up-to-date records of the trainers they employ in order to demonstrate that they use only appropriately qualified trainers to deliver periodic training. A comprehensive list of trainers and evidence of their qualifications/experience will be required with each course approval application.

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Please tick to confirm that you have read the terms and conditions in section seven and that the information supplied in this document is true to the best of your knowledge.

Print name

(person responsible
for this application)

Position in company

Date

Please tick to confirm that you agree to allow JAUPT to pass the details of this centre on to the Driving Standards Agency (GB)/ Driver & Vehicle Agency (NI), *GoSkills* and Skills for Logistics.

The DSA (Driving Standards Agency)/DVA (Driver & Vehicle Agency) would also like to contact you to keep you informed of the latest developments within Driver CPC, including forwarding copies of their magazine 'Despatch'.

Please tick one of the following boxes to confirm whether you are happy for information on this form to be used for contact purposes:

Yes I agree to being contacted by DSA/DVA

I do not wish to be contacted by DSA/DVA

My email address is:

Please tick one of the following boxes to confirm if you would like this centre publicised on the JAUPT website (www.drivercpc-periodictraining.org)

Yes, I would like this centre publicised

No, I would not like this centre publicised

If you have indicated that you would like your centre publicised please tick the regions of the country that apply.

East Midlands	<input type="checkbox"/>	North West	<input type="checkbox"/>	South West	<input type="checkbox"/>
East of England	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Wales	<input type="checkbox"/>
London	<input type="checkbox"/>	Scotland	<input type="checkbox"/>	West Midlands	<input type="checkbox"/>
North East	<input type="checkbox"/>	South East	<input type="checkbox"/>	Yorkshire & Humber	<input type="checkbox"/>
All	<input type="checkbox"/>				

Method of payment

Cheque/PO enclosed

I wish to pay by credit/debit card.

(JAUPT will contact you for payment by telephone)

Have you included the following?

Quality assurance statement (see training sites section)