



# Master Driver Registration Scheme INSTRUCTOR INFORMATION UPDATE FORM

Please allow 3 working days for processing.

Consortium Member Name:

RTITB Consortium Member Reference No:

Name of Person Completing Form:

Position within Organisation:

Contact Number:

Contact Email Address:

**Please add the following RTITB Registered Instructors to our Master Driver CPC Consortium Membership as of the date shown below:** (Please note all instructors must be registered with RTITB as an instructor AND have attended Module Delivery Training in order to be added to your membership)

Name of instructor:	RTITB Instructor Reg No:	Date commenced representing your organisation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Please delete the following RTITB Registered Instructors from our Master Driver CPC Consortium Membership as of the date shown below:** (Please note the date shown below cannot be BEFORE the instructor stopped providing training on your behalf)

Name of instructor:	RTITB Instructor Reg No:	Date ceased representing your organisation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Upon completion of the above please return this form to the Master Driver CPC Team via one of the following methods (please keep a copy for your records):**

Email: [masterdrivercpc@rtitb.co.uk](mailto:masterdrivercpc@rtitb.co.uk)

Post: Master Driver CPC Team, Access House, Halesfield 17, Telford. TF7 4PW

