



MASTER DRIVER CPC CONSORTIUM APPLICATION PACK



MEMBERSHIP APPLICATION FORM

This includes (at Schedule 1) the [provisions of the RTITB Master Driver CPC Consortium Membership](https://www.rtitb.com/Schedule-1)
<https://www.rtitb.com/Schedule-1>

Agreement and (at Schedule 2) the [provisions of the Logo Agreement](https://www.rtitb.com/Schedule-2).
<https://www.rtitb.com/Schedule-2>

Please read these terms (including both schedules) complete and return a printed, signed copy to RTITB, keeping another copy for your records.

Organisation Trading Name		
Senior Organisation Contact Name		
Senior Organisation Contact Role		
Senior Organisation Contact Number		
Senior Organisation Contact Email		
Trading Address		
Postcode		
Registered Company Name <i>(if different)</i>		
Registered Address <i>(if different)</i>		
Registered Company Number <i>(or Inland Revenue UTR Number if sole trader or partnership)</i>		
Administration Contact Name		
Administration Contact Number		
Administration Contact Email		
Administration Address <i>(to despatch certificates etc. to, if different from above)</i>		
Administration Contract Job Title		
Administration Postcode <i>(if different)</i>		
Type of Organisation	Operator	
	Training Provider	
	Further Education College	
	Council	
	Other <i>(please state)</i>	
Number of Employees	Under 10	
	11-99	
	100-249	
	250+	
Address(es) where training documentation will be securely stored.		

Website Address	
Sales Enquiry Number	
Sales Enquiry Email	
<i>Please note the information you provide in this section will be used for www.rtitb.com/course-locator and any other member promotions that RTITB produce in the future. This is only applicable for organisations delivering commercial Driver CPC training.</i>	

If you would like RTITB to publish news of your membership on www.rtitb.com/news , and social media please tick here	
If you would like RTITB to send a press release announcing your membership please tick here	
Please supply your preferred press outlet	

Will you be offering DCPC training on a commercial basis	Yes		No
Will you be offering DCPC training on a non-commercial basis	Yes		No

Who will access MDRS to register DCPC training	Which sector do you intend to deliver training to?		
Instructor Name 1	PCV		
Instructor Name 2	PCV		
Instructor Name 3	LGV		
Instructor Name 4	PCV & LGV		
Will they be delivering DCPC training on customer premises	Yes		No

Please select the courses you wish to deliver under Master Driver CPC Consortium Membership.

Notes;

Additional criteria applies to courses marked with a – please contact the Master Driver CPC Team for full details.*

Additional copies of all DVDs/USB's are available for a contributory fee of £19.95 + VAT. This includes any DVD/USB updates for the membership year, in which they are purchased but does not cover replacements at membership renewal.

Master Driver CPC for LGV (45 x 3.5hr modules)^	
Master Driver CPC for PCV (36 x 3.5hr modules)^*	
ADR (initial)*	
ADR (refresher)*	
Road Traffic Incident Management & Emergency First Aid*	£80 + VAT
Road Traffic Incident Management Skills*	£80 + VAT
Driver and Operation Policies and Procedures (Transport Manager CPC)*	
Counterterrorism	£80 + VAT

Please be aware that the Master Driver Consortium material is not compatible with Mac and is only available for use on Microsoft windows.

Fees - Please select your preferred option 1 or 2 below

Option 1	
1 Year membership fee	£1200 + VAT
3 Year membership fee	£3240 + VAT <i>(Saving you £360)</i>

When selecting option 1 membership the following MDRS fees apply (from 1st April 2020), these are per driver per course:

MDRS upload and email certificate	£6.85 + VAT
MDRS upload and printed certificate	£9.60 + VAT

Option 2	
1 Year membership fee	£700 + VAT
3 Year membership fee	£1890 + VAT <i>(Saving you £210)</i>

When selecting option 2 membership the following MDRS fees apply (from 1st April 2020), these are per driver per course:

MDRS upload and email certificate	£8.30 + VAT
MDRS upload and printed certificate	£11.65 + VAT

Additional Information

If you have a dedicated training centre/location please complete the box below. Please use additional pages if you have more than 1 centre/location.

Training Centre Address	
Town	
County	
Postcode	
Training Centre Contact Name	
Telephone Number	
Training Centre Email	
Administration Contact Name	
Administration Contact Number	
Administration Contact Email	
Administration Contract Job Title	
Training Centre Contact Job Title	

Accounts Information

If you have more than one accounts address, for example accounts addresses for different contracts please advise on a separate sheet

Accounts Address	
Town	
County	
Postcode	
Telephone Number	
Accounts Contact Email	
Accounts Contact Name	
Accounts Contact Job Title	

Instructor Information

(please continue on a separate sheet if necessary).

Note: You should update this information in the event of any changes.

Instructor Name	NRI Reg No.	RTITB Reg No.	DVSA Reg No.

Consortium Membership Checklist

Please make sure that you have read, and accept, the provisions of [Schedule 1](https://www.rtitb.com/Schedule-1) (<https://www.rtitb.com/Schedule-1>) and [Schedule 2](https://www.rtitb.com/Schedule-2) (<https://www.rtitb.com/Schedule-2>), and their annexes (click links) to this agreement before completing and returning this form

Please tick to indicate you have included the following in order to join the RTITB Master Driver CPC Consortium

PLEASE INCLUDE THE FOLLOWING AND ENSURE YOU RETAIN A COPY FOR YOUR OWN RECORDS:

	Completed Consortium Induction booking form <i>(for all instructors who have not yet attended this training)</i>		
	Public Liability, Employer's Liability and Professional Indemnity Insurance Policy Number and expiry date.	Expiry Date	Policy Number
	<i>Please enclose copies of the following policies with your application (policies should include a review date, example policies can be found in the Master Driver CPC Member Guidance available on the RTITB website)</i>		
	Quality Assurance Policy		
	Equal Opportunities Policy		
	Health & Safety Policy		
	Instructor Development Policy		
	Data Protection Policy		
	Complaints Policy		
	Refunds Policy <i>(only applicable to commercial training organisations)</i>		
	Instructor Selection Criteria		
	MDRS Username & Password Security Policy		
	Licence & ID Checking Procedure		
	Course Delivery Internal Auditing Procedure		

If applying for membership to include the Road Traffic Incident Management & Emergency First Aid course please also include the following:

ITC First Ltd Certificate/Letter of Centre Approval/ Valid First Aid at Work Certificate

If applying for membership to include the Road Traffic Incident Management course please also include the following:

Valid First Aid at Work Certificate
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If applying for membership to include Driver and Operation Policies and Procedures (Transport Manager CPC) please include the following:

Manager's CPC Certificate for the instructor delivering the course, or a signed statement from the instructor.

Signed by *Laura Nelson* (Name of Director)
for and on behalf of Capitb Ltd t/a RTITB

Director

Date

For and on behalf of the Organisation named in the Membership Information Form above, I agree to the provisions of the Membership Information Form and to the provisions of Schedule (1) (<https://www.rtitb.com/Schedule-1>) and Schedule (2) (<https://www.rtitb.com/Schedule-2>) to the Membership Information Form and the Annexes to these Schedules.

Signed by (Name of Director)

for and on behalf of (Registered Company Name)

.....
Director

Date.....

Please read the agreement in full, complete, print, sign and return to:

Post: **Master Driver CPC Team, RTITB, Access House, Halesfield 17, Telford, Shropshire, TF7 4PW**
Scan & Email: **masterdrivercpc@rtitb.co.uk**



Address: RTITB, Access House,
Halesfield 17, Telford, TF7 4PW

Phone: +44(0)1952 520200 (option 3)

Email: masterdrivercpc@rtitb.com

Web: www.rtitb.com

