

ADR

Dangerous Goods

Driver Training Qualifications

Membership Application Form

RTITB,
Access House,
Halesfield 17, Telford, TF7 4PW
Phone: +44(0)1952 520200 (option 3)
Email: adr@rtitb.com
Web: www.rtitb.com

 /rtitb  /rtitb  @rtitb





This includes (at Schedule 1) the provisions of the RTITB Dangerous Goods Training Consortium Membership
www.rtitb.com/adr-Schedule-1

This includes (at Member Guidance) the terms and conditions
www.rtitb.com/adr-member-guidance

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

Please complete all fields in block capitals.

Registered Company Name:

Trading Name (If different):

Registered Company Number:

(or Inland Revenue UTR Number if sole trader or partnership)

Website Address:

Day to Day/General Contact Name:

Day to Day/General Contact Email:

Day to Day/General Contact Phone Number:

Sales Contact Details.

Please enter the details as you wish them to appear on the RTITB website.

Contact Name:

Website Address:

Contact Email:

Contact Phone Number:

Training Centre Address(es).

Please continue on a separate sheet if necessary. All centres will be shown on the RTITB website.

Centre 1

Address:

Town:

County:

Postcode:

Centre Phone Number:

Centre Email:

Centre Contact Name:

Centre Contact Position:



Training Centre Address(es) - continued.

Centre 1

Address:		
Town:	County:	Postcode:
Centre Phone Number:		
Centre Email:		
Centre Contact Name:		
Centre Contact Position:		

Contact details of person signing this agreement.

Please enter the details as you wish them to appear on the RTITB website.

Name:	
Position:	
Email:	Phone Number:

Administration Contract Details.

(The following information will be used for administration purposes e.g. matters relating to query emails)

Name:	Phone Number:
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Accounts Details.

Please advise on another sheet if you have more than one accounts address e.g. for different centres.

Address:		
Town:	County:	Country:
Postcode:	Phone Number:	
Contact Name:	VAT No:	
Email Address:	Contact Position:	
(Invoices will be emailed to this address)		

Exam Secretary.

Name of Exam Secretary:

You will be offering ADR Training on a:	Commercial basis	Non-commercial basis
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Membership Application Form



Instructor Information.

Please continue on a separate sheet if necessary.

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

Please note, instruction under the RTITB Dangerous Goods Training Consortium may only be given by instructors on which approval was based. Non-approved instructors cannot be used.

Instructor Name: ADR Certificate No:

RTITB Reg No: Instructor Qualifications:

Instructor Name: ADR Certificate No:

RTITB Reg No: Instructor Qualifications:

Instructor Name: ADR Certificate No:

RTITB Reg No: Instructor Qualifications:

Instructor Name: ADR Certificate No:

RTITB Reg No: Instructor Qualifications:

Please ensure you supply a copy of your certificates with this application.

If you are currently with RTITB for another service, please tick the following that apply.

RTITB accredited organisation

Member of the RTITB Master Driver CPC Consortium

Is your organisation currently approved by SQA for the delivery of ADR training?

Yes

No

Membership fees*

First Year Fee

Renewal Fee

Not with RTITB for another service, NOT an SQA approved centre..... **£1600** £880

Not with RTITB for another service, AND an SQA approved centre..... **£1150** £880

Currently an RTITB Accredited organisation or an
RTITB Master Driver CPC Consortium Member, NOT an SQA approved centre..... **£1470** £800

Currently an RTITB Accredited organisation or an
RTITB Master Driver CPC Consortium Member, AND an SQA approved centre..... **£995** £800

*All prices shown are exclusive of VAT



Membership Checklist.

Please make sure that you have read, and accept, the provisions of Schedule 1 and Member Guidance before completing and returning this form.

Please tick to indicate you have included the following in order to join the RTITB Dangerous Goods Training Consortium.

Please include the following and ensure you retain a copy for your own records:

- A copy of your Certificate of Insurance showing that the establishment has public liability cover for candidates and all visitors under all proposed circumstances.....
- ADR Management and Training Staff Structure
- A list of training sites and the number of candidates that can be trained at each site
- Quality Assurance Procedure for running courses on a mobile basis.....
- An instructor list, indicating which instructors are employed or contracted
- Procedure for the safe keeping of examination papers.....
- Quality Assurance Procedure (in accordance with the SQA ADR Manual of Practice, section 4.5.8).....
- Internal Data Policy

You can find templates and examples to help you with the following items at:
www.rtitb.com/adr-helpful-forms

- Health and Safety Policy (for companies with 5 or more employees)
- Complaints and Appeals Procedure
- Details of premises to be used for training (in accordance with the SQA ADR Manual of Practice, section 4.5.6).....
- Confirmation that all of the necessary training resources are available for use

If your organisation is currently approved by SQA, please provide your current notice of approval..

- If you would like RTITB to publish news of your membership on **www.rtitb.com/latest** please tick here
- If you would like RTITB to send a press release announcing your membership to your local newspaper please tick here
- Please supply local newspaper name:



Payment Information

A cheque made payable to RTITB for £

A postal order made payable to RTITB for £

An official purchase order for £

Please attach a copy of the purchase order and enter order number:

Payment by credit/debit card.....

Please provide a contact telephone number for us to contact you onto take the payment:

If you are an existing member or accredited organisation, tick here to invoice account

Account Number:

Declaration

For and on behalf of the organisation named below I confirm that I have read and agree to the Terms and Conditions of membership at **www.rtitb.com/adr-Schedule-1** **www.rtitb.com/adr-member-guidance**

We offer a 10 working day 'cooling-off' period. If within 10 working days of RTITB receiving your application you decide you no longer wish to be an ADR Consortium Member your application may be cancelled by notifying us in writing. Any charges applied will be credited/refunded (whichever is applicable). After 10 working days no fees will be credited or refunded.

Signed by (name in BLOCK CAPITALS):

Position:

For and on behalf of (Registered Company Name):

Signature:

Date:

Signed by **Laura Nelson** (Name of Director)

for and on behalf of RTITB Limited

.....
Managing Director

Date.....