

# **Dangerous Goods Driver (DGDT)**

Authorised Association Guidance

**Date: September 2024**

The guidance laid out in this document will help you apply to become an Authorised Association for the Dangerous Goods Driver Training (DGDG) scheme.

The application form and supporting documentation you supply will be assessed to ensure the requirements have been met.

## Section 1: Association Details

**Important:** Authorisation is granted to the legal entity of your organisation and not the person who completes the application form (except in the case of a sole proprietor). There is no provision for the transfer of authorisation to another person or corporate body.

1.1 Association name:

1.2 Correspondence address:

1.2.1 Website address

1.2.2 Name of person responsible:

1.2.3 Position (i.e owner/director):

1.2.4 Telephone number:

1.2.5 Email address:

1.3 Has anyone of a senior capacity been linked with other organisations involved in the delivery of DGDG or other Statutory Schemes?

Yes (see 2.2.3)

No

1.3.1 If **Yes** - Please provide further details including the person's name, position, training provider name, approval number (if known) and the name of the scheme.

**1.1 Association Name:** The name of the organisation. This can be a trading name.

**1.2 Correspondence address:** A full address including postcode is required. This is the address where all correspondence will be issued.

**1.2.1 Website address:** The website address of the organisation. This will be shown if you choose to publish your details on gov.uk

**1.2.2 Name of person responsible:** The person responsible for the authorisation, training materials and the application. Please note any changes to the responsible person must be made in writing by the current responsible contact.

**1.2.3 Position:** The job title of the responsible person.

**1.2.4 Telephone number:** The telephone number of the responsible person.

**1.2.5 Email address:** The email address of the responsible person.

**1.3 Has anyone of senior capacity been linked with other organisations involved in the delivery of DGDT or other Statutory Schemes:** Tick yes, if, for example, senior management has been involved in the delivery of DGDT, Driver CPC, Drink-Drive Rehabilitation etc.

**1.3.1 If yes, please provide further details including the person's name, position, training provider name, approval number (if known) name of the scheme:** Provide the person's name, job title, the name of organisation they were involved with, the approval number (if known) and the name of the scheme that they delivered.

**1.4** Type of organisation:

- Limited Company
- Sole Trader
- Partnership
- Charity
- Local Authority
- LLP (Limited Liability Partnership)
- Other (please specify)

**1.4.1** If **Sole trader** -  
Proprietor name:

**1.4.2** If **Partnership** –  
Partner name(s):

**1.4.3** If **LLP** (Limited  
Liability Partnership):

**1.4.4** Companies House  
registration number or  
Charity number (if  
applicable)

**1.4.5** VAT No. (if applicable)

**1.4.6** Registered address:

**1.5** Please tell us about your association and the services it provides:

**1.4 Type of Organisation:** Please tick which one applies.

Important: Authorisation is granted to the legal entity of your organisation and not the person who completes the application form (except in cases of a sole proprietor). There is no provision for the transfer of authorisation to another person or corporate body.

**1.4.1 Sole Trader – Proprietor name:** Please provide the full name of the owner e.g. Joe Bloggs.

**1.4.2 Partnership – Partner names:** Please provide the full name of each of the partners e.g. Joe Bloggs and Jane Example.

**1.4.3 LLP (Limited Liability Partnership) – Partner names:** Please provide the full name of each of the members of the partnership e.g. Joe Bloggs, Fred Example and Jane Example.

**1.4.4 Companies House registration number of Charity number (if applicable):** This is the number for the organisation as shown on Companies House.

DVSA/HSENI will complete checks on the registered details using Companies House or similar alternative information sources. If the association has been previously approved, checks will be made to ensure there have been no changes.

**1.4.5 VAT Number (if applicable):** This is the number registered with HMRC.

**1.4.6. Registered address:** This is the address that is registered with Companies House i.e. head office and may differ from the correspondence address.

**1.5 Please tell us about your association and the services you provide:** Please provide details about the structure you have in relation to DGDT e.g. 50 members, and the services you offer e.g. quality assurance audits.

## Section 2: Training Material

### 2.1 Modules

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Core (including practical exercises) | <input type="checkbox"/> Class 8  |
| <input type="checkbox"/> Class 2                              | <input type="checkbox"/> Class 9  |
| <input type="checkbox"/> Class 3                              | <input type="checkbox"/> Packages |
| <input type="checkbox"/> Class 4                              | <input type="checkbox"/> Tanks    |
| <input type="checkbox"/> Class 5                              | <input type="checkbox"/> Class 1  |
| <input type="checkbox"/> Class 6                              | <input type="checkbox"/> Class 7  |

### 2.2 Please provide details of the training material including:

- Instructor notes
- Audio/visual presentations for each module
- Details of the course handouts
- Training programmes showing how the course will run and links to the syllabus
- Details of how the mandatory practical exercises will be delivered
- Example of the written material for the 'desktop' exercise

**2.1 Modules:** Please tick all modules that you intend to cover within your training material.

**2.2 Details of training materials:** Please provide copies of all the materials

listed within the application. The training material will be reviewed as part of the application process.

### Section 3: Confirmatory Statements

To further support your application and provide assurance that you will operate in a professional manner, please confirm aspects of your administration/delivery using the format below:

- 3.1** We confirm that we will inform DVSA/HSENI of any changes to our contact details.
- 3.2** We confirm that we have appropriate controls in place to inform DVSA/HSENI of any changes to our legal status and understand that the authorisation is granted to the legal entity and does not permit the transfer of authorisation.
- 3.3** We confirm that, upon request by DVSA/HSENI, we will submit revised training materials highlighting the changes to reflect the updated syllabus changes within 30 calendar days.
- 3.4** We confirm that we will attend annual stakeholder meetings with DVSA/HSENI to share feedback, information, and if applicable, intelligence on our training providers/members.

**Failure to comply with the Confirmatory Statements may result in your approval being suspended or revoked.**

**3. Confirmatory statements:** These statements are critical to the application as they provide assurance that you agree to meet the requirements of an authorised association. Please carefully read the statements.

### Section 4: Publication

**4.1** Would you like the association to be publicised on the GOV.uk website?

Yes

No

**4.1 Would you like your centre to be publicised on the gov.uk website?** If you tick yes, the details of your authorised association will be published on gov.uk. You can opt out by ticking no.

### Section 5: Payment

**5.1** Details of how to make payment will be sent to you upon receipt of the application. Please note the fee should be made within 5 working days. Failure to do so, may result in the return of your application.

## Section 6: Applicant Details and Checklist

**6.1** Please provide details of the person completing the form:

Name:

Position:

Date:

**6.2** Application Checklist

- Training Material
- Read and agreed to each of the relevant confirmatory statements

This form should be completed in full and sent via email to [adr@sqa.org.uk](mailto:adr@sqa.org.uk) or alternatively:

**SQA**  
**DGDT Department**  
**The Optima Building**  
**58 Robertson Street**  
**Glasgow**  
**G2 8DQ**

**6.1 Please provide details of the person completing the form:**

**Name:** Name of the person completing the application.  
**Position:** Job title of the person completing the application.  
**Date:** Date the application form was completed.

**6.2 Application checklist:** Use this list to make sure you have all the information required before you submit your application.