



Driver & Vehicle  
Standards  
Agency

# Reapproval Application to Deliver Dangerous Goods Driver Training (DGDT)

DVSA collects and handles your personal data in accordance with data protection laws and on behalf of HSENI.

The personal information you provide on this form will be processed by the Scottish Qualifications Authority (SQA) and used for the purposes of the Competent Authority's (DVSA/HSENI's) statutory function of processing your application. Additionally, this information will be shared with Competence Assurance Solutions (CAS) for conducting audits related to training and examinations for the dangerous goods qualification.

The data protection law allows us to release your data to the police and other enforcement bodies. We also provide data to other parties where the law allows it. For further information about how we process your data, your rights and who to contact, please see our privacy policy at [DVSA accredited training schemes: privacy notice - GOV.UK](#)

## Section 1: Training provider Details

**1.1** Training provider name:

**1.2** Correspondence address:

**1.2.1** Website address

**1.2.2** Name of person responsible for DGDT:

**1.2.3** Position (i.e. owner/director):

**1.2.4** Telephone number:

**1.2.5** Email address:

**1.3** Name of primary contact:

**1.3.1** Position in organisation:

1.3.2 telephone number:

1.3.3 Email address:

## Section 2: Approval Details

2.1 Please confirm where you will deliver training:

☐

Great Britain (GB)

☐

Northern Ireland (NI)

2.2 Please confirm if there have been any changes to your organisational structure since your last application:

☐

Yes

☐

No

2.2.1 If yes please provide an updated copy of the organisational structure showing the number of personnel involved in DGD T and their reporting lines.

2.3 Has anyone of a senior capacity been linked with other organisations involved in the delivery of DGD T or other Statutory Schemes?

☐

Yes (see 2.2.3)

☐

No (see 3.1)

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

**Important: If you, your provider or anyone connect to it have previously had approval suspended or withdrawn for non-compliance, or have unresolved compliance issues, you must have put in place robust and effective control measures to address these. All outstanding issues must be resolved satisfactorily before the competent authority can consider granting approval. You will be contacted following receipt of the application and invited to demonstrate what measures have been taken. Failure to have done so may result in the refusal of your application.**

## Section 3: Registered Details

**Important:** Approval 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 under the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (2009) (as amended) for the transfer of an approval to another person or corporate body.

### 3.1 Type of organisation:

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

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

**3.1.2** If **Partnership** –  
Partner's names:

**3.1.3** If **LLP** – Partner's  
names:

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

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

**3.1.6** Registered address:

## Section 4: Quality Assurance

**4.1** Please confirm if there have been any changes to the systems in place to directly observe, manage and improve training and examination standards:

☐ Yes

☐ No (see 5.1)

**4.2** If yes, please tell us about any changes to:

- How regularly you will observe and monitor training and examinations.
- How you will ensure that different delivery techniques accommodate various learning styles and ensure drivers are engaged.
- The number of audits compared to the number of courses and exams being delivered.
- The process for monitoring e.g. unannounced or announced.
- How you will address any identified issues and/or non-compliance.
- For audit purposes, how you will record any issues identified, action taken and the outcome.
- Your complaints procedure and how feedback is used to improve standards

## Section 5: Training Details

**5.1** Delivery method

☐ Classroom

☐ Remote

**Important:** If you do not currently hold authorisation for remote delivery you will need to apply separately.

**5.2** Candidate/Instructor ratio

Classroom

Remote

**Important:** This should be no more than 20:1 for classroom-based training and 15:1 for remote training. You will need to explain how you will manage the training appropriately for larger groups.

**5.3** Programme Type

☐ Initial

☐ Refresher

**5.4** Modules

☐ Core (including practical exercises)

☐ Class 2

☐ Class 3

☐ Class 4

☐ Class 5

☐ Class 6

☐ Class 8

☐ Class 9

☐ Packages

☐ Tanks

☐ Class 1

☐ Class 7

**5.5** Please specify the type of training material you are delivering:

- ☐ Own (see 5.6)
- ☐ Authorised Association

**5.5.1** Authorised Association details:

Authorised Association Name:

Authorised Association Number:

**5.6** Please confirm if there have been any changes to your training material:

- ☐ Yes ☐ No (see 6.1)

**5.6.1** If **yes**, please provide details of the changes made to 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

## Section 6: Instructors

**Important:** Only instructors named in the approved application may deliver the specific modules/elements of the DGDТ course, for the approved training provider. Additional instructors are not permitted without prior DVSA/HSENI approval in writing.

**6.1** Please confirm the names of your current instructors.

**6.2** Please provide evidence for any new instructors including:

- Instructor name
- Instructor/training qualifications
- ADR Driver Training Certificate
- First Aid qualification
- Fire Training qualification
- Experience

Evidence should assure DVSA/HSENI that the instructor is competent and has the knowledge to deliver the modules you have listed above in 5.4.

## Section 7: Examinations

7.1 Please confirm the names of your current invigilators.

## Section 8: 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:

- ☐ **8.1** We confirm that we will inform DVSA/HSENI of any changes to our contact details.
- ☐ **8.2** We confirm and can evidence when requested, that we have appropriate and valid Public Liability insurance to cover any potential risk or harm to instructors, candidates, 3<sup>rd</sup> parties or property if using a live fire.
- ☐ **8.3** We confirm and can evidence when requested, that we have an appropriate Health & Safety policy.
- ☐ **8.4** We confirm that we have appropriate controls in place to inform DVSA/HSENI of any changes to our legal status and understand that the approval is granted to the legal entity. We understand that the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (2009) do not permit the transfer of training provider or course approvals.
- ☐ **8.5** We will pay the monthly examination fees within 30 calendar days of receipt of the invoice. Training providers may be immediately suspended if they default on invoice payments more than 30 calendar days.
- ☐ **8.6** We confirm, and can evidence when requested, that the marketing of courses do not include or imply misleading information about the training provider, the course or its duration
- ☐ **8.7** We will give full details of where and when we will be running DGDGT training programme including the course programme, location, start date, time, end date, full name of the instructor(s), full name of the invigilator(s) no less than 7 calendar days of the start of the course. In addition, we will notify any changes (including cancellations) no less than 24 hour
- ☐ **8.8** We confirm and can evidence when requested, that we have a process to check the eligibility of those attending an approved training course and give full details of the candidates sitting an examination no later than completion first day of training.
- ☐ **8.9** We confirm that a privacy notice will be issued to attendees informing them of the purpose for the collection of their personal data and the identity of anyone with whom it can be shared if this should become necessary for the purposes of Dangerous Goods Driver Training (DGDGT).

- ☐ **8.10** We confirm and can evidence when requested, that the required PPE, first aid, fire and vehicle demonstration (e.g. placards) are available and are in good working order.
- ☐ **8.11** We confirm and can evidence when requested, that the latest versions of reference material including the ADR syllabus, ADR Volume I, ADR Volume II Carriage of Dangerous Goods Road, Carriage of Dangerous Goods Road in Amendments, EAC list, Approved Derogations and Transitional Provisions, Presentations, Instructor notes, handouts etc are provided to each instructor.
- ☐ **8.12** We confirm that an appropriate invigilator will conduct identification checks and complete identity records prior to the examination.
- ☐ **8.13** We confirm that we meet the minimum IT operating specification to deliver online examinations.
- ☐ **8.14** We confirm that the appropriate computer equipment is good working condition and will only be used for the purposes of DGDGT examinations.
- ☐ **8.15** We confirm that measures will be taken to always protect the integrity of the examination and its content.
- ☐ **8.16** We confirm that we will allow access to DVSA/HSENI or their appointed representative to conduct centre audits and unannounced course and exam audits.

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

## Section 9: Publication

**9.1** Would you like the training provider to be publicised on the GOV.uk website?

☐ Yes

☐ No

If you chose to opt-in, the data that will be published for the find your nearest service will include:

- Business name
- Telephone number
- City
- Postcode
- Email address

For further information about how we process your data, your rights and who to contact, please see our privacy policy at [DVSA accredited training schemes: privacy notice - GOV.UK](#)

## Section 10: Payment

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

## Section 11: Applicant Details and Checklist

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

Name:

Position:

Date:

### 11.2 Application Checklist

- ☐ Organisation structure (if applicable)
- ☐ Quality assurance details (if applicable)
- ☐ Initial course material (if applicable)
- ☐ Refresher course material (if applicable)
- ☐ Instructor details
- ☐ 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**