

Dangerous Goods Driver (DGDT)

Reapproval Guidance

Date: March 2026

Version: v0.3

The guidance laid out in this document will help you reapply to deliver the Dangerous Goods Driver Training (DGDT) scheme.

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

1.1 Training provider name: The name of the organisation. This can be a trading name.

Section 1: Training provider Details

1.1 Training provider name:	<input type="text"/>
1.2 Correspondence address:	<input type="text"/>
1.2.1 Website address	<input type="text"/>
1.2.2 Name of person responsible for DGDT:	<input type="text"/>
1.2.3 Position (i.e owner/director):	<input type="text"/>
1.2.4 Telephone number:	<input type="text"/>
1.2.5 Email address:	<input type="text"/>
1.3 Name of primary contact:	<input type="text"/>
1.3.1 Position in organisation:	<input type="text"/>
1.3.2 telephone number:	<input type="text"/>
1.3.3 Email address:	<input type="text"/>

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 for DGDT: The person operationally responsible for the approval, training materials and the application. Please note any changes to the responsible person or primary contact 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 Name of primary contact: The person responsible for the day-to-day administration and communications.

1.3.1 Position: The job title of the primary contact e.g. administrative assistant.

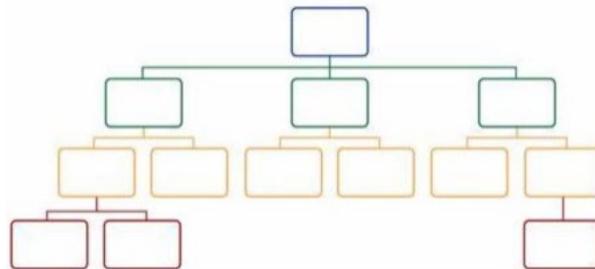
1.3.2 Telephone number: The telephone number of the primary contact.

1.3.3 Email address: The email address of the primary contact.

2.1 Please confirm where you will deliver training: Tick all that apply.

2.2 Please confirm if there have been any changes to your organisational structure in the last 12 months: If there have been any changes in the last 12 months please tick yes.

2.2.1 If yes, please provide an updated copy of the organisational structure showing the number of personnel involved in DGDT and their reporting lines: The organisational chart should relate to the delivery and management of DGDT. You may wish to share an organisational chart like the one shown below:



2.3 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.

2.3.1 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.

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:

3.1 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.

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

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

3.1.3 LLP – Partner names: Please provide the full name of each of the members of the partnership e.g. Joe Bloggs, Fred Example and Jane Example.

3.1.4 Companies House registration number or 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.

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

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

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: If there have been any changes in the last 12 months please tick yes.

4.2 If, yes please tell us about any changes: Quality assurance should be conducted by you to effectively monitor and manage training delivered. To assure DVSA/HSENI that it is compliant with statutory requirements and delivered to a high quality and standard, you will need to provide details of changes to the processes and systems in place to reduce risk and address issues in the areas listed within the application.

Section 5: Training Details

5.1 Delivery method Classroom Remote

Important: If you 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
 Initial & Refresher

5.4 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

5.1 Delivery method: Please tick all that apply.

Should you wish to obtain authorisation to deliver remotely you will need to apply separately.

You will need to ensure that the environment for the delivery method chosen is conducive to learning, free from disruption/distraction and is appropriate for the number of candidates in attendance. The classroom must be large enough to accommodate the instructor, aids, and candidates.

You should consider the following:

- Resources are legible, and drivers can see and hear the training materials used.
- Candidates are engaged and participate in any practical activities that take place.
- The resources used are relevant to the subject matter delivered.

5.2 Candidate/Instructor ratio: Specify the proposed number of candidates per instructor.

The number of candidates to whom you can effectively deliver training to in a classroom and/or remote environment.

This must be no more than 20 for classroom-based training and 15 for

remote/on-line training.

5.3 Programme Type: Please tick all that apply.

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

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

Own (see 5.6)

Authorised Association

5.5.1 Authorised Association Training Material 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

5.5. Please specify the type of training material you are delivering: You will need to tell us if you work independently or if your organisation is using training material provided by an Authorised Association.

5.5.1 Authorised Association (AA) details: Please provide the name and authorisation number of the AA.

5.6. Please confirm if there have been any changes to your training material: You will need to tell us if there have been any changes to the training materials listed within 5.6.1 within the last 12 months.

5.6.1 Details of training materials: Please provide copies of all the materials listed within the application, highlighting any changes. The training material will be reviewed as part of the application process.

Section 6: Instructors

Important: Only instructors named in the approved application may deliver the specific modules/elements of the DGDT 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.

6.1 Please confirm the names of your current instructors: These names will be checked against the records held. If you wish to remove an instructor for any reason, you must notify us without delay.

6.2 Please provide evidence for any new instructors: Where you have new instructors, please provide the evidence listed within the application form.

Section 7: Examinations

7.1 Please confirm the names of your current invigilators.

7.1 Please confirm the names of your current invigilators: This should be no more than 20 candidates per invigilator. It is also expected that the invigilator will be accompanied to assist with administration checks.

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. 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 9: Publication

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

 Yes No

9.1 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 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)

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- Initial course material (if applicable)
 - Refresher course material (if applicable)
 - Instructor details
 - Read and agreed to each of the relevant confirmatory statements

11.1 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.

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