



# 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.co.uk](mailto:adr@rtitb.co.uk)  
Web: [www.rtitb.co.uk](http://www.rtitb.co.uk)

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This includes (at Schedule 1) the provisions of the RTITB Dangerous Goods Training Consortium Membership  
[www.rtitb.co.uk/adr-Schedule-1](http://www.rtitb.co.uk/adr-Schedule-1)

This includes (at Schedule 2) the terms and conditions  
[www.rtitb.co.uk/adr-Schedule-2](http://www.rtitb.co.uk/adr-Schedule-2)

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

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**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:
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You will be offering ADR Training on a:	Commercial basis	Non-commercial basis
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## 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\*

	<i>First Year Fee</i>	<i>Renewal Fee</i>
Not with RTITB for another service, NOT an SQA approved centre.....	<b>£1600</b>	£880
Not with RTITB for another service, AND an SQA approved centre.....	<b>£1150</b>	£880
Currently an RTITB Accredited organisation or an RTITB Master Driver CPC Consortium Member, NOT an SQA approved centre...	<b>£1470</b>	£800
Currently an RTITB Accredited organisation or an RTITB Master Driver CPC Consortium Member, AND an SQA approved centre....	<b>£995</b>	£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 Schedule 2 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 4.5.7) .....
- Internal Data Policy .....

**You can find templates and examples to help you with the following items at:  
[www.rtitb.co.uk/adr-member-guidance](http://www.rtitb.co.uk/adr-member-guidance)**

- 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 4.5.5).....
- 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.co.uk/news](http://www.rtitb.co.uk/news) 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:

Payment by credit/debit card..... *Account Number:*

*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.co.uk/adr-Schedule-1](http://www.rtitb.co.uk/adr-Schedule-1) [www.rtitb.co.uk/adr-Schedule-2](http://www.rtitb.co.uk/adr-Schedule-2)

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 Capitb Ltd t/a RTITB

.....  
Managing Director

Date.....