Application for a Licence to deliver FORS Professional training

APPLICANT DETAILS

Applicant name

Company name

Company address

Email address

Telephone no.

DVSA/JAUPT approved training centre no. AC:

INVOICING/FINANCE DETAILS

Accounts payable contact name

Accounts payable email address

Accounts payable telephone no.

Billing address (if different to above)

An invoice for the appropriate application fee will be sent to the above. Please note that the invoice is payable before your application can be processed

YOUR APPLICATION

Are you submitting: (please tick)

A new Licence application

A Licence renewal

How will you deliver the training? (please tick)

On a commercial basis/charging delegates a fee

In-house/to own staff only

Which FORS Professional module(s) are you are applying for? (please tick)

Safe Driving (on-cycle and VR)

Safe Driving (VR only)

LoCITY Driving ☐

TRAINER COMPETENCIES

For renewal and initial applications - Please tick this box to confirm that you have provided relevant evidence of the competency of your trainers for the courses you are requesting to deliver:

For renewal applications only - please tick this box to confirm that there are no changes in trainer details or competencies since your previous application: ☐

DECLARATION

I as of
declare all the trainers I employ hold the relevant evidence to demonstrate the competencies required to deliver FORS Professional training. Evidence of competencies and qualifications is provided to support this application and will be made available as part of QA audit on request.

Signed:

Date:

Please send your completed application form and supporting information to:
training@fors-online.org.uk

For information on how your personal information will be processed, please see the Privacy Notice

Annex 1 - Trainer details and competence

All FORS Professional nominated trainers must be listed in the table below indicating which course they are proposed to deliver.

Trainer name	Safe Driving (VR & theory)	Safe Driving (on cycle)	LoCITY