



## 2. Details of Organisation Principals/Directors

The Principal / Director is the business owner, executive officer, or other responsible person associated with the management of the organisation.

[1] Contact details of the Principals/Directors of the organisation:

NAME	POSITION	DIRECT NUMBER	EMAIL ADDRESS

[2] If any of the above individuals has an association with another training organisation or the RSA, please state below:

NAME OF DIRECTOR/PRINCIPAL	NAME OF ORGANISATION	NATURE OF ASSOCIATION

### 3. Management Policies

[1] Please indicate if you have evidence of the following company policies.

POLICY	AVAILABLE (CHECK ONE)	
	YES	NO
DATA PROTECTION		
EQUAL OPPORTUNITIES		
STAFF DEVELOPMENT		
HEALTH AND SAFETY		
QUALITY ASSURANCE		
COMPLAINTS & APPEALS		
IT SYSTEMS		
ENVIRONMENT		
PROGRAMME DEVELOPMENT, DELIVERY AND REVIEW		
VETTING PROCEDURES FOR TRAINING STAFF		



## 5. Overview of Experience as a Training Provider

[1] Please outline your prior experience with providing training.

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[2] If your Training Centre is an entrepreneurial venture please provide details of two organisations to which you have provided training programmes for previously. You must have been responsible for the delivery of training to employees of these organisations within the last 12 months, and the training provided must have been contracted directly with the organisation and not the employees.

REFERENCE DETAILS	REFEREE 1	REFEREE 2
NAME OF ORGANISATION:		
ADDRESS OF ORGANISATION:		
NAME OF CONTACT:		
DIRECT NUMBER OF CONTACT:		
EMAIL ADDRESS OF CONTACT:		
DATE OF TRAINING PROVIDED: (DD/MM/YYYY)		
DESCRIPTION OF TRAINING PROVIDED TO THIS ORGANISATION: (E.G., INCLUDE LENGTH OF COURSE, NUMBER OF PARTICIPANTS, SUMMARY OF COURSE CONTENT)		

## 6. Details of Training Centres

Please complete this section for each Training Centre.

[1] NAME OF TRAINING CENTRE:

[2] ADDRESS:

[3] COUNTY:

[4] TELEPHONE NUMBER:

[5] FAX NUMBER: (IF ANY)

[6] FIRST APPLICATION? (CHECK ONE)  YES  NO

[7] OWNERSHIP OF TRAINING CENTRE PREMISES: (CHECK ONE)  OWNER/LONG TERM TENANT  SHORT TERM LEASE AGREEMENT

[8] NUMBER OF TRAINING ROOMS AVAILABLE:

[9] MAXIMUM CAPACITY OF TRAINING ROOMS:

[10] NUMBER OF TRAINERS AVAILABLE:

[11] Please list below the names of the Trainers that will be available for this Training Centre.

NAME:	NAME:
[A]	[D]
[B]	[E]
[C]	[F]

[12] Please identify individuals within the Training Centre who will act as RSA contacts.

RSA CONTACTS	POSITION	DIRECT NUMBER	EMAIL ADDRESS
[A] MANAGER/PRIMARY:			
[B] FOR DATA TRANSFER:			
[C] OTHER:			

[13] Please outline the suitability of the Training Centre location to provide training to CPC Drivers.

Resources available for Training Delivery and Administration (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> PROJECTOR                         | <input type="checkbox"/> TV & VIDEO               |
| <input type="checkbox"/> MODEL BUS                         | <input type="checkbox"/> MODEL TRUCK              |
| <input type="checkbox"/> STORAGE AREA FOR TRAINING RECORDS | <input type="checkbox"/> STAFF ACCESS TO INTERNET |
| <input type="checkbox"/> COLOUR PRINTER                    |   |
| <input type="checkbox"/> OTHER                             |   |

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Facilities available to Drivers (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> CATERING        | <input type="checkbox"/> PARKING                     |
| <input type="checkbox"/> TOILETS         | <input type="checkbox"/> ACCESS FOR DISABLED PERSONS |
| <input type="checkbox"/> INTERNET ACCESS |  |
| <input type="checkbox"/> OTHER:          |  |

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[14] An important aspect of the approval procedure is that a Training Centre will be required to upload Driver CPC Training records over a secure internet connection in a specified file format on a regular basis to the RSA.

Please confirm if your organisation is in a position to facilitate this requirement

- YES     NO

[15] Please provide details of the IT systems/software that will be used by the organisation to:

- Record the training records of CPC drivers; and,
- Upload the training records of CPC drivers to the RSA.

(PLEASE INCLUDE DETAILS OF NETWORKING, DISASTER RECOVERY & SECURITY, IF RELEVANT)

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## 7. Trainer Details

Please complete this section for each Trainer from your organisation who will be involved in the delivery of the Driver CPC Training.

- [1] NAME OF TRAINER:
- [2] TELEPHONE NUMBER:
- [3] PPS NUMBER:
- [4] POSITION:
- [5] EMPLOYMENT STATUS: (CHECK ONE)  FULL TIME  PART TIME

Educational Details/Qualifications

- [6] ACADEMIC QUALIFICATIONS:  

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- [7] TECHNICAL QUALIFICATIONS:  

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- [8] TEACHING QUALIFICATIONS:  

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- [9] TECHNICAL EXPERIENCE:  

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- [10] TEACHING EXPERIENCE:  

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# TRAINING CENTRE APPLICATION FORM

## DRIVER CPC TRAINING



### 8. Terms and Conditions

Organisations wishing to operate Training Centres for CPC Training must satisfy the following RSA conditions

- [1] Training Centres must abide by the Terms and Conditions as stated in the Training Centre Guidelines for RSA Approval (provided separately).
- [2] If a Training Centre fails to comply with these Terms and Conditions, the RSA may remove or suspend the approval status of the Training Centre with immediate effect.
- [3] Only Training Centres that are approved by the RSA can deliver CPC Training in the Republic of Ireland. RSA approval will last for a period of five years, subject to these Terms and Conditions.
- [4] Only training modules approved by the RSA should be delivered for CPC Training. Failure to comply with this could lead to removal from the list of approved centres.
- [5] Only training materials that have been approved by the RSA, and provided to drivers at a high-standard, should be delivered as CPC Training. Failure to comply with this could lead to removal from the list of approved centres.
- [6] Only Training Centres approved for CPC Training are entitled to use the RSA logo.
- [7] Training providers organisation must provide the details of a named person who is responsible for this application. Only a person authorised to commit the organisation to the Terms and Conditions of this agreement should sign this application.
- [8] The Principal of the establishment seeking approval must sign this document signifying their acceptance of these Terms and Conditions on behalf of the Training Centre. Applications for approval must be made in writing using this application form.
- [9] Training provider organisations must provide a single named contact whom the RSA can contact in relation to this application.
- [10] The RSA reserves the right to revise these Terms and Conditions at any time with a minimum of three months notice given.
- [11] Training provider organisations must have a specified business address, where training records are kept securely and for a period of at least six years, and a contact point, which will be made available to anyone looking for a provider via the RSA's website or with a legitimate complaint. P.O. Boxes are not acceptable for use in the list of approved centres, but can be used as a trading address on letters etc.
- [12] Where Training provider organisations operate at more than one location, they must ensure that systems are in place to ensure that a consistent high standard is delivered across all locations, for maintaining standards across all approved Training Centres, and for updating the central driver database. If the RSA were to find any irregularities at any of your approved Training Centres, the RSA could remove or suspend the approval status of the Training Centre.
- [13] Training Centres must issue all drivers, on completion of a course, a receipt which details the amount of CPC Training received during the course. Any fraudulent issue of these receipts could result in the removal of approval status of the Training Centre with immediate effect.
- [14] Training Centres must transfer information to the database on modules delivered within five working days of the date of the course.
- [15] If a Training Centre fails in its attempt to become approved, it may re-apply as soon as the reasons for the failure have been rectified.
- [16] Training Centres must ensure that all requirements for premises are met before any courses are delivered. Failure to comply with this could lead to removal from the list of approved centres.
- [17] Training Centres must carry out identity checks to verify the identity of each participant on a course. Failure to comply with this could lead to removal from the list of approved centres.
- [18] Training Centres must provide mechanisms for the delivery of CPC Training Modules to be monitored internally or through driver evaluations.
- [19] Training Centres must show how they comply with legislation related to the following:
  - 19.1 Health and Safety
  - 19.2 Data Protection
  - 19.3 Equal Opportunity
  - 19.4 Environment
  - 19.5 Vetting of Training staff
- [20] Training Centres must show how they evaluate their needs in relation to staff development, and programme development, delivery and review.
- [21] The RSA or a representative officer reserves the right to visit an approved Training Centre at any reasonable time without prior notice. Failure to comply with this could lead to removal from the list of approved centres.
- [22] As part of any audit visit, the RSA or a representative officer shall be entitled to participate in any approved training course.
- [23] Training Centres must hold an up-to-date list of all Trainers engaged in training in that centre, supported by documentary evidence of their appropriateness to deliver CPC Training. The modules, at each centre, that the Trainer can deliver must be specified.
- [24] Training Centres must continuously hold the appropriate insurance cover and tax clearance certificate for their business.

## 9. Declaration

Only a person authorised to commit the organisation to the terms of this agreement should sign this application.

TITLE: (CHECK ONE)

MR.

MRS.

MISS.

MS.

FIRST NAME:

LAST NAME:

POSITION:

DIRECT NUMBER:

EMAIL ADDRESS:

I certify that Training Centre(s) within my organisation will provide Driver CPC Training in accordance with the Terms and Conditions outlined in this application form in part 8. In addition, I certify that this application and the evidence submitted with it are all true and correct. I authorise the release of any information from my organisation's records that the Road Safety Authority (RSA) needs to determine my organisation's eligibility as an RSA approved Driver CPC Training Centre.

I also understand and agree for myself and other persons acting on my behalf or behalf of my organisation that approval as an RSA approved CPC Training Centre is a privilege, not a right, and may be revoked.

SIGNATURE:

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DATE:

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Where the organisation is not a Government organisation, please enclose a bank reference as to financial standing, including:

- Your ability to ensure financial viability of establishment
- Whether you have ever been bankrupt or had sequestration of estates ordered
- A business plan for establishment, if relevant, and,
- Details of establishment or last accounts.

## 10. Application Checklist

NAME OF ORGANISATION:

REGISTERED ADDRESS:

  
  


Please verify that the following have been supplied and submitted as part of your application for RSA approval to provide training to Drivers given a Certificate of Professional Competency (CPC).

YES	NO	(PLEASE TICK ONE)
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FORM
<input type="checkbox"/>	<input type="checkbox"/>	COPIES OF PART 6 OF THIS FORM, COMPLETED FOR EACH OF THE TRAINING CENTRE LOCATIONS FOR THIS PROVIDER
<input type="checkbox"/>	<input type="checkbox"/>	COPIES OF PART 7 OF THIS FORM, COMPLETED FOR EACH TRAINER THAT IS EXPECTED TO PARTICIPATE IN THE DELIVERY OF THE MODULES REQUIRED FOR CPC TRAINING
<input type="checkbox"/>	<input type="checkbox"/>	FEE OF €500, PER TRAINING CENTRE, TO COVER THE 5 YEAR APPROVAL PERIOD. CHEQUES SHOULD BE MADE PAYABLE TO THE 'ROAD SAFETY AUTHORITY'
<input type="checkbox"/>	<input type="checkbox"/>	BANK REFERENCE, IF NOT A GOVERNMENT ORGANISATION
<input type="checkbox"/>	<input type="checkbox"/>	A VALID TAX CLEARANCE CERTIFICATE FOR THE ORGANISATION
<input type="checkbox"/>	<input type="checkbox"/>	VALID INSURANCE CERTIFICATE(S) – PUBLIC LIABILITY, EMPLOYER LIABILITY ETC
<input type="checkbox"/>	<input type="checkbox"/>	DATA PROTECTION POLICY
<input type="checkbox"/>	<input type="checkbox"/>	EQUAL OPPORTUNITIES POLICY
<input type="checkbox"/>	<input type="checkbox"/>	STAFF DEVELOPMENT POLICY
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH AND SAFETY POLICY
<input type="checkbox"/>	<input type="checkbox"/>	QUALITY ASSURANCE POLICY
<input type="checkbox"/>	<input type="checkbox"/>	COMPLAINTS & APPEALS POLICY
<input type="checkbox"/>	<input type="checkbox"/>	IT SYSTEMS POLICY
<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENT POLICY
<input type="checkbox"/>	<input type="checkbox"/>	PROGRAMME DEVELOPMENT, DELIVERY AND REVIEW POLICY
<input type="checkbox"/>	<input type="checkbox"/>	VETTING PROCEDURES FOR TRAINING STAFF
<input type="checkbox"/>	<input type="checkbox"/>	DECLARATION SIGNED & DATED