

Training Centre Application Form for ADI Training



ORGANISATION DETAILS

Name:
(Person responsible for application)

Position:

Date:

Registered company Name:

Registered Company Address:

Organisation type:

Attach a copy of evidence required for tax clearance as per Irish legislation
Accreditations/awards received for delivering training:

1.
2.
3.
4.

Details of programmes currently being run:

1.
2.
3.
4.
5.

COMPANY INFRASTRUCTURE

Trainers	Administration/support staff	Management staff
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5

Details of training premises to be used:

Location of facility
Number of rooms
Maximum Capacity
Resources (e.g. LCD, TV, DVD Video etc)
Catering facilities
Parking

Details of vehicles to be used. Complete one for each vehicle.

Vehicle 1			
Make:		NCT:	
Model:		Insurance:	
Year		Tax:	
History (i.e. accidents/damages):			

Vehicle 2			
Make:		NCT:	
Model:		Insurance:	
Year		Tax:	
History(i.e. accidents/damages):			

Vehicle 3			
Make:		NCT:	
Model:		Insurance:	
Year		Tax:	
History(i.e. accidents/damages):			

Vehicle 4			
Make:		NCT:	
Model:		Insurance:	
Year		Tax:	
History(i.e. accidents/damages):			

Resources available to the organisation (i.e. teaching aids, materials, equipment etc):

<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.
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Company policy and procedure details

(Please detail the company's policy on the following. If there is an existing written policy exists please attach a copy)

1. Quality assurance policy

2. Equal opportunities

3. Health and Safety

4. Staff development

5. Data Protection:

6. Complaints and refunds

Signed _____ Company Stamp:

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CERTIFICATE OF TRAINING EXPERIENCE

Trainer Name

Number of years with the company

Number of years as a Trainer

Modules they will be facilitating

Training/Facilitation Experience:
(list experience in the relevant subject area)

Groups/One on One

In car

Details of Qualifications /Programmes completed
(List any courses/programmes completed in the relevant subject area)

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |

Please complete a Certificate of Experience for EACH trainer who will be facilitating the approved syllabus for Driving Instructors.
Please attach a copy of any appropriate training qualifications

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Approval of Training Centres and delivery of the RSA approved syllabus for Driving Instructor Training Liability Release, Waiver and Discharge



In consideration of the approval of the Training Centre/Registered Site(s) set out below, the undersigned Principal does hereby release and forever discharge the RSA and its officers, board and employees, jointly and severally from any and all actions, causes of actions, claims, demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Driver Instructor Training process whether as an approved Trainer, a candidate Approved Driving Instructor or otherwise.

The RSA provides no warranties or conditions and makes no representations in relation to the quality or description of the syllabus for Driver Instructor Training or any other materials or information provided in connection with Driver Instructor Training or in relation to the profitability or financial viability of the provision of Driver Instructor Training and any such warranties or conditions (statutory or otherwise) are excluded except insofar as such exclusion is prevented by law.

Full responsibility is hereby accepted by the undersigned Principal for delivery of each and every element of the approved Driver Instructor Training programme and the said Principal agrees to indemnify and save harmless the RSA from all claims, actions and costs arising out of the delivery of the programme, howsoever arising.

This release extends and applies to, and also covers and includes, all forms of loss, damage and liability, howsoever arising including loss of profits, increased cost of working or any other consequential financial losses.

I, the undersigned Principal, have read this entire release and have had an opportunity to take legal advice in relation to its contents. I fully understand the entire release, and agree to be bound by same.

Signed by Principal _____

Name of Approved Training Centre/Registered Site _____

Signed on behalf of the RSA _____

Date: _____