



## TRANSPORT MANAGEMENT CERTIFICATE OF PROFESSIONAL COMPETENCE

### TRAINING FACILITY APPROVAL FORM

#### **PLEASE READ THE CRITERIA FOR FACILITIES CAREFULLY BEFORE COMPLETING THE FORM**

Training providers must complete an application to have their training facility/facilities approved. Where more than one training facility is proposed to be used, a separate application form is required for each facility.

Please do not write in boxes marked Office Use Only.

The proposed training facility must meet the criteria outlined below.

#### ● **PUBLIC LIABILITY INSURANCE**

Training providers are required to hold a sufficient level of public liability insurance as outlined in the Training Facilities section of the Guidelines and Criteria for the Application Process for Training Providers.

#### ● **CLASSROOMS AND EQUIPMENT**

All classrooms used for delivery of the Transport Management CPC course must:

- Be of a size, shape and layout to permit all students to avail of training and to accommodate any necessary equipment/visual aids
- Have adequate lighting and power supply
- Have adequate heating and ventilation

#### **Equipment and Visual Aids**

All equipment and visual aids necessary for the satisfactory delivery of the training course must be provided.

#### ● **SUPPORT SERVICES**

The training facility must provide a safe and healthy study environment and must meet the following requirements:

- Adequate arrangements must be in place to ensure safety in the event of a fire. These arrangements are to be set out in the applicant's Health and Safety statement and should identify the person responsible for fire safety and the procedures to be followed in the event of a fire alarm.
- Where applicable, separate male and female toilet/washing facilities must be provided.
- A rest area separate from the classroom must be available.
- Trainees must be allowed to avail of food and drinks during breaks.



The Chartered  
Institute of Logistics  
and Transport

## 1. DETAILS OF TRAINING FACILITY

Name of Training Facility:	
Address:	
Eircode:	
Contact Telephone Number:	E-mail address:
Number of classrooms in use for Transport Manager CPC course: <input type="checkbox"/>	

### OFFICE USE ONLY

## 2. PUBLIC LIABILITY INSURANCE

Please sign the declaration with regard to public liability insurance.

On behalf of training provider \_\_\_\_\_, I hereby give an assurance that adequate public liability insurance is in place to cover the training facility named above in the provision of the Transport Management CPC course. I have read and understood the criteria that apply in relation to insurance. Furthermore, I confirm that any claims in relation to the Transport Management CPC course are solely the responsibility of the above-named training provider and that the Department of Transport, Tourism and Sport and the Chartered Institute of Logistics and Transport are indemnified and have no responsibility or liability in this regard.

**Signed** (on behalf of training provider): \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### OFFICE USE ONLY



The Chartered  
Institute of Logistics  
and Transport

### 3. CLASSROOMS, EQUIPMENT AND SUPPORT SERVICES

Please sign the declaration of compliance.

On behalf of training provider \_\_\_\_\_, I hereby give an assurance that the above-named training facility complies with the criteria set out above with regard to classrooms, equipment and support services.

**Signed** (on behalf of training provider): \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

### 4. LIST OF TUTORS NOMINATED AT THE TRAINING FACILITY

Please give summary details in the table below of each tutor who is nominated to teach at the training facility. Tutors other than those listed cannot teach at the training facility without prior approval. For each tutor, a separate **Tutor Approval Form** must also be completed.

Tutor's Name	E-mail address	Contact telephone number
1.		
2.		
3.		
4.		
5.		

**OFFICE USE ONLY**



## 5. DECLARATION

I hereby declare that all of the information in this application form is true and accurate.

Signed (on behalf of training provider): \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

#### Notes:

Failure to complete this form fully will prevent the application being processed.

The Chartered Institute of Logistics and Transport will be required to recommend to the Department of Transport, Tourism and Sport the refusal of a training facility approval, or the withdrawal of an existing approval, if the requirements are not met in the application form, or if they are subsequently not met, or if there is a failure to comply with any of the conditions set out in the approval.