



The Chartered
Institute of Logistics
and Transport

TRANSPORT MANAGEMENT CERTIFICATE OF PROFESSIONAL COMPETENCE

TRAINING PROVIDER APPROVAL FORM

Please complete fully this primary form along with the separate **Tutor Approval Form** for each tutor and the **Training Facility Approval Form** for each facility, in line with the Department of Transport, Tourism and Sport criteria outlined in the Guidelines and Criteria for the Application Process for Training Providers.

Please read the criteria before completing this form. This primary form will guide you through the process and will refer to the two additional forms mentioned above that must be completed and the supporting documentation that must be submitted.

These forms, along with the required supporting documentation (accounts, insurance, evidence of tax clearance, health and safety statement, tutor's letter of authorisation to check qualifications) and the fee or proof of payment should be submitted in hard copy to the Chartered Institute of Logistics and Transport, 1 Fitzwilliam Place, Dublin 2. Failure to complete the requirements fully will prevent the application being processed. Applicants may be requested to provide additional information and/or clarification should it be deemed necessary.

Please do not write in boxes marked Office Use Only.

1. TRAINING PROVIDER'S DETAILS

Name:		
Address:		
		Eircode:
Landline:	Mobile:	E-mail address:
Please tick the box below that best describes the status of the applicant:		
<input type="checkbox"/> Sole Trader		
<input type="checkbox"/> Limited Company		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Cooperative		
<input type="checkbox"/> State Body		
<u>OFFICE USE ONLY</u>		



2. DETAILS OF PERSON MAKING APPLICATION ON BEHALF OF TRAINING PROVIDER (if not a sole trader)

Name:	
Address:	
Eircode:	
Contact Telephone Number:	E-mail address:
Please state position held in the submitting organisation (such as owner, chief executive, managing director):	
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3. INSURANCE

<p>3.1 On behalf of training provider _____</p> <p>I hereby give an assurance that adequate insurance policies are in place to cover all activities relating to 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.</p> <p>Signed (on behalf of training provider): _____</p> <p>Position: _____</p> <p>Date: _____</p>
<p>3.2 Please submit a copy of current Health and Safety Statement.</p>
<u>OFFICE USE ONLY</u>

4. FINANCIAL STANDING

<p>4.1 Please submit annual accounts (including balance sheet and profit & loss account) dated within the last 18 months and certified by a duly qualified accountant.</p>
<p>4.2 Please state the date at which the accounts were certified by the accountant: _____</p>
<p>4.3 Please submit proof of current tax clearance.</p>
<p>Please note that applicants may be requested to provide additional evidence of financial standing such as bank references/guarantees if deemed necessary.</p>
<u>OFFICE USE ONLY</u>



5. TUTORS

Please list all the nominated tutors below and complete a separate **Tutor Approval Form** for each tutor. Please note the criteria that apply in relation to tutor qualifications as outlined in the Guidelines and Criteria for the Application Process for Training Providers.

Tutor's Name	E-mail address	Telephone	Modules of course tutor is to cover
1.			
2.			
3.			
4.			

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6. TRAINING FACILITIES

Each separate training facility must be approved. Please give summary details in the table below of each training facility to be approved and complete a separate **Training Facility Approval Form** for each facility. Please note the criteria that apply in relation to training facilities as outlined in the Guidelines and Criteria for the Application Process for Training Providers.

Name of Facility	Address	Telephone Number
1.		
2.		
3.		
4.		

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7. FEE

The application cannot be processed without payment of the fee. Payment can be made by:

- Cheque made payable to Chartered Institute of Logistics and Transport
- Debit / Credit Card – please contact CILT office at 01 6763188
- Electronic bank transfer (submit bank payment confirmation). Bank details for electronic transfer are: AIB, 1 Lower Baggot Street, Dublin 2
BIC – AIBKIE2D / IBAN – IE86AIBK93101210572065

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8. FORMS AND DOCUMENTS TO BE SUBMITTED

Please ensure that all forms are fully completed and that the required supporting documentation is enclosed, along with the fee or confirmation of payment. The application cannot be processed if forms are incomplete, required documentation is missing or not valid, or fee is not paid. Please check that the following forms and documents are included in your application:

Form / Document	Please tick
Training Provider Approval Form CPC/APP 17/1	
Tutor Approval Form CPC/APP 17/2 for each tutor including tutor's letter of authorisation to check qualifications	
Training Facility Approval Form CPC/APP 17/3 for each facility	
Fee or proof of payment	
Insurance document/s as outlined in the criteria	
Health and Safety Statement	
Annual accounts (including balance sheet and profit & loss account) dated within the last 18 months and certified by a duly qualified accountant	
Evidence of current tax clearance	
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9. 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: _____

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Notes

The Chartered Institute of Logistics and Transport will be required to recommend to the Department of Transport, Tourism and Sport the refusal of an application, 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.

If you have any queries regarding the application process please contact CILT at tel. 01 6763188 or e-mail info@cilt.ie.