

Application for approval to have your own course FORS Approved

APPLICANT DETAILS

Applicant name				
Company name				
Company address				
Email address				
Telephone no.				
Please tick this box if you are part of a Consortium				
FORS Associate ID no.				
DVSA/JAUPT approved training centre no.		AC:		
INVOICING/FINANCE DETAI	LS			
Accounts payable contact na	ame			
Accounts payable email address				
Accounts payable telephone	e no.			
Billing address (if different to	o 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 yo	ou submitting (please tick):	
	A <u>new</u> application	A <u>renewal</u> of a current approval
In whic	ch of the following categories are you applying to h	ave your own course FORS Approved? (please
tick):		
	Road Safety	
	Environment	
	Efficiency	
	Security and terrorism	
	Operator Licence Awareness Training (OLA	NT)
MEETI	ING THE RELEVANT TRAINING OBJECTIVES AND LEA	ARNNG OUTCOMES
demor	tick this box to confirm that you have provided ap nstrating how your course meets the relevant FOR arning outcomes — this is needed to support your a	S training objectives
	ed information on the relevant training objectives a the Guidance for Training Providers to have own co	_
	plicants are advised to review the guidance and en ives and learning outcomes, prior to submitting an	
DECLA	RATION	
ı	as	of
to de	are all the trainers I employ hold the relevant evider eliver FORS Approved training. Evidence of compete of QA audit on request.	
Signe	ed:	
Date:	:	
	e send your completed application form and suppor ingapproval@fors-governance.org.uk	ting information to:

For information on how your personal information will be processed, please see the <u>Privacy Notice</u>