

Code
Office use only



Lantra Awards Ltd
Training Provider,
Educational/Corporate Member
Application Form

Training Provider Educational/Corporate Training Provider Dual Member

Please complete using black ink and block capitals

Name of Organisation:

Name of Contact: *(name of person who deals with booking courses):*

Address
.....
.....
.....Postcode;.....
Telephone;..... Fax;.....
Email address;.....
Website;.....
If Southern Ireland or International based please provide VAT No.

Centre Type:

Please indicate which category best fits your centre type (tick one box only)

- (01) Community, voluntary aided or controlled secondary comprehensive or middle school
- (02) Community, voluntary aided or controlled secondary selective school
- (03) Community, voluntary aided or controlled secondary modern school
- (04) Foundation secondary comprehensive or middle school
- (05) Foundation secondary selective school
- (06) Foundation secondary modern school
- (07) Independent school
- (08) FE college/tertiary college
- (09) Sixth form college
- (10) Adult Education Centre
- (11) University or other HE centre
- (12) Private training provider
- (13) Local/central government/NHS
- (14) Voluntary organisation
- (15) Employer
- (16) HM prison/youth offenders institution
- (17) Armed forces
- (18) Overseas centre
- (19) Other

Training Provider Co-ordinator role:-

Please tick all, confirming your awareness of your Training Provider co-ordinator responsibilities

- Booking courses with Lantra Awards (online facilities available)
- Collecting fees from trainees (if appropriate)
- Settling the invoice for course booking fees
- Notifying Lantra Awards of course amendments (online facilities available)
- Receiving certificates and cards from Lantra Awards
- Distributing certificates and cards to trainees
- Making sure that trainees with special needs have the facilities they need to access
- Disseminating information received from Lantra Awards onto trainees
- Dealing with administrative queries
- Referring more technical or complex issues to Lantra Awards where necessary

Awarding body approval:-

Is your organisation already an approved centre for other qualifications?

- NVQ/SVQ
- VRQ
- Other (if so, which qualifications and awarding body)

.....

4x4 Course Delivery:-

Please indicate if you intend to run our 4x4 courses as this may require site approval.

- We will deliver 4x4 courses but use current Lantra Awards approved 4x4 sites
- We require our own site to be approved, please arrange site visit/assessment

Firearm Course Delivery:-

Please indicate if you intend to become a Training Provider for Firearm courses as below.

- We intend to deliver shotgun courses only
- We intend to deliver rifle courses only
- We intend to deliver both shotgun and rifle courses
- We will use current Lantra Awards approved rifle / shotgun sites
- We require our own firearm site to be approved (please send a full application for completion)

Quality standards:-

Does your organisation work to quality standards (eg. ISO, Scottish Quality Management System (SQMS)? If so, which?

.....
(You may be asked to provide copies of certificates and, where applicable, the latest audit report)

Has your organisation been subject to external audits, for example by LSC, OfSTED, ALI? If so, which?

.....
(You may be asked to provide copies of the most up-to-date report and/or certificate)

Data Protection:-		
Please tick one appropriate option only as to how you would like your information disseminated. Further clarification can be found in the Code of Practice.		
Option 1	Details available world-wide via the Lantra website or mail	<input type="checkbox"/>
Option 2	Details available only to other Lantra Awards approved providers and Instructors via a password protected area of the Lantra website	<input type="checkbox"/>
Option 3	Details not displayed on the Lantra website but may be passed on via telephone or mail enquiries	<input type="checkbox"/>
Option 4	Details available to other Lantra Awards approved providers and Instructors via a password protected area of the Lantra website AND may be passed on via telephone or mail to all enquirers	<input type="checkbox"/>
Option 5	Details not made available to any party	<input type="checkbox"/>

Checklist:-	
Please enclose with your application:-	
<ul style="list-style-type: none"> • Industry experience - Business Biography/Plan or some company literature • Your Equal Opportunities Policy • Your Complaints and Appeals Procedure • Your Health and Safety Policy • If Corporate training provider application, number of associated instructor applications • Confirm receipt of Lantra Awards Customer Service Statement & Policies doc. • Application fee as per Criteria for Approval document. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Applicants Declaration:-	
To the best of my knowledge and belief the information given is correct and on behalf of the organisation I agree to follow the Lantra Awards Code of Practice. I understand that any information I have provided in this application is subject to an Audit and that if any information is found to be incorrect then approval to deliver Lantra Awards courses may be withdrawn.	<input type="checkbox"/>

Signature of Contact :**Date**