



**IVR (UK) Ltd**

Bignell House, Horton Road,  
West Drayton Middlx UB7 8EJ



Assisting the vehicle roadside and recovery assistance industries in conjunction with the  
Highways Agency to ensure a safe working environment

Tel: 01895 436426

e-mail [info@ivruk.com](mailto:info@ivruk.com)

Website [www.ivruk.com](http://www.ivruk.com)

Fax: 01895436412

**Training Centre Registration**

Please print

Company Name:	Contact Name:
Address:	Tel:
	Fax:
Postal Code:	E-mail:

I wish to apply for registration to be listed as an IVR approved Training Centre. I have read and can comply with form 030 (IVR training provider & centre) I accept that we can be audited or assessed within normal working hours without notice and there will be a fee which we will be responsible for. We also confirm we have carried out a risk assessment and we are insured for our site to be used as a training centre

We enclose a cheque for **£293.75** this includes £43.75 of vat for our first year registration Please make payable to: **IVR**

Our Bank details Lloyds TSB sort code 30-13-30 Account Number 00028735

Name: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Please see the IVR UK website for annual centre fee's

Which modules are you applying for? Classroom only  Classroom / Outside Area   
All the modules  Circle the VR modules you are able to offer as a training centre

Core modules: VR1 VR2 VR3 Light Vehicle: VR4 VR5 VR6 VR7

Motorcycle: VR 8 VR9 VR10 VR1 1 VR12 Heavy Vehicle: VR13 VR14 VR15 VR16

Others: VR17 VR18 VR19

**IVR use only**

Approved By	Centre Number:	Invoice No.	Entered on Database by	Next Audit date
Date Approved	Certificate sent Date:		Entered on Website by	Annual Fee due date

## Check List

a) **Risk Assessment Completed**

Copy to IVR Yes / No

b) **Insurance Details**

Insurer Name:

Expiry Date:

Types:

Policy Number:

### Classroom:

Indicate the number of desks and chairs for students your classroom can hold.

Do you have any of the following equipment:

Remarks

White Board	Yes / No
OHP	Yes / No
Screen for OHP	Yes / No
Computer	Yes / No
Projector	Yes / No
T.V with VHS player	Yes / No
T.V / Monitor DVD Player	Yes / No

1) **Number of Fire Extinguishers**

2) **Muster Point Sign**

**Muster Point Location:**

3) **First Aid Kit**

**First Aider is:**

4) **Accident Record Book**

**Located:**

5) **Smoking Area**

**Located:**

6) **Toilets**

**Located:**

7) **Refreshments  
Tea / Coffee / etc**

**Located:**

### Outside Area:

Approx size:

Can it be sealed or coned off for training Yes / No

Do you have any signs identifying training in progress Yes / No

Assessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_