



**Tel: 01895 436426**

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

**Fax: 01895 436412**

***National Roadside / Recovery Scheme Trainer Registration Form***

**Personal Details**

Please Print

<b>Title:</b>	<b>Surname:</b>	<b>Forenames:</b>	<b>Date of Birth:</b>
<b>Home Address:</b>		<b>Home Telephone Number:</b>	
<b>Postcode:</b>		<b>Mobile No:</b>	
		<b>E-Mail Address:</b>	

**Current Employment or Training Provide**

<b>Company Name &amp; Address:</b>	<b>Telephone Number:</b>
<b>Postcode:</b>	<b>IVR training centre Number:</b>
<b>Date Started:</b>	<b>Your Job Title:</b>

<b>Your IVR PIN Number:</b>	<b>ITTSAR Cat No:</b> 1:	<b>Do you have an IVR Passport</b> Please enter ref number <input type="checkbox"/>
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**Training Courses You Have Attended**

<u>Module</u>	<u>Date</u>	<u>Training Provider</u>	<u>Date</u>	<u>Training Provider</u>
Health & Safety VR1			Light Recovery Modules	
Customer Service VR2			Motor Cycle Modules	
Roadside Safety VR3			Heavy Recovery Modules	
			Lorry Loader	

**Other Training Courses Attended:**

**Remarks**

**Note 1:** With this completed Registration Form please enclose payment, cheques etc. Made payable to "IVR" or you can pay by credit card (Visa or MasterCard). **Sorry we do not take Debit or Switch Cards**

**Note 2:** Registration does not cover your assessment and there will be an Annual Re-registration

**Registration Fee £85.00 + vat (£14.88)      Total inc vat **£99.88****

<b>Credit Card only</b> Visa / MasterCard	<b>Card Number</b>	<b>Expiry Date</b>	<b>Signature</b>
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**Name as it appears on the Card**  
 Address if different to above and post code

<b>Office Use Only</b>	<b>Date Received:</b>	<b>Enter on Database by</b>	<b>Passport Sent To:</b> Date Sent:	<b>Student</b> <input type="checkbox"/>	<b>or</b>	<b>Company</b> <input type="checkbox"/>
<b>Posted out to the company on :</b>	<b>Certificate number</b>	<input type="text"/>	<b>Institute ref No.</b>	<input type="text"/>		
<b>.ID Card</b> <input type="checkbox"/>	<b>Invoice Number</b>	<input type="text"/>	<b>NHSS PIN</b>	<input type="text"/>		
<b>Certificate</b> <input type="checkbox"/>	<b>Account No.</b>	<input type="text"/>				
<b>ID Card issue no.</b>	<input type="text"/>					