

# **ADR Training Provider - Change of Address or Trading Position**

#### Introduction

**Note** – all the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by SQA.

Important Note – To complete this form electronically, please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the Adobe website.

#### What this form is for

This form is to be completed and returned to SQA ADR administration team to notify SQA of a change of address or any change in relation to the trading position of your organisation.

Changes notified within this form cover the following:

- · Change of headquarters address
- Change of ownership
- Change of name
- Cease to trade

#### **Important Note:**

Training Providers are responsible for notifying SQA, without delay, any change relating to address, ownership, trading name or trading position. Changes may affect centre approval. Further information is detailed within the current Manual or Practice (MoP).

You can find the MoP on the DGDT website: https://dgdrivertraining.org.uk/

#### When you have finished...

When this form is complete, please email it, with any supporting documents you wish to provide, to:

adr@sqa.org.uk

When we have received the completed form, we will acknowledge receipt via email. If we require further information, we will contact you.

# **Training Provider Details**

**Training Provider Name** 

**Training Provider Number** 

**Primary Contact Name** 

Independent

MoD

Consortium Name

# **Type of Change**

Please select below the change/s you wish to notify to SQA.

Change of address If checked complete page 3

Change of owner If checked complete page 4

Change of name If checked complete page 5

# **Declaration**

Here we ask your Head of Establishment/Primary Contact to accept and date a declaration regarding the accuracy of this application.

I declare that, to the best of my knowledge, the information given in this form, and on any accompanying documents, is correct.

I accept the declaration above.

Name Date

(Use dd/mm/yyyy format)

Access to this information is strictly controlled, however it is shared with the Driver and Vehicle Standards Agency (DVSA), Department for Transport and Candidates, when appropriate. We do not provide information to organisations involved in direct marketing or similar ventures.

SQA will review centre approval in line with the current Manual of Practice and information supplied in this form. Changes notified within this form may affect centre approval.

# **Change of Address Notification**

Please detail below, the current address of your organisation and new address to be changed.

Current Address				
Address				
Postcode	Country			
	,			
New Address				
Address				
Postcode	Country			
Tostcode	Country			
Date change effective from		(Use dd/mm/yyyy format)		
Please give reason for change of address:				
3		Yes	No	
Will your organisations Primary Contact remain the same?				
If 'No' please give name of new Primary Contact				
Will your organisations exam secretary remain the same?				
If 'No' please give name of new Exam secretary				
Check to confirm you have updated the DGDT database with the new Primary				

Version 1.0 November 2020

Contact and Exam Secretary details.

## **Change of Owner**

Please detail below, the current ownership information of your organisation and new ownership details.

## **Current Ownership**

Please detail below the current ownership arrangement in place

Companies House Registration number (if applicable)

## **New Ownership**

Please detail below the new ownership arrangement

Date change effective from

(Use dd/mm/yyyy format)

#### Important note:

Approval to train under this scheme will not be permitted to pass from one owner to another, and approval should <u>not</u> be regarded as a negotiable asset.

The new owner will need to seek approval under the terms of the Manual of Practice. All documentation pertaining to the scheme that is the property of the Department must be returned to SQA. If these materials are not returned, SQA will instruct an External Verifier to visit your organisation to collect the materials. You will be charged the fee and expenses to recover the cost of such a visit.

Check to confirm you are aware that your organisations centre approval will be suspended on the effective date supplied above.

Check to confirm you have instructed the new owner to seek approval separately under the terms of the Manual of Practice.

Check to confirm that you will arrange for all documentation, which is the property of the department, be returned to SQA.

# **Change of Name Notification**

Please detail below, the current trading name of your organisation and new trading name to be changed.

## **Current Trading Name**

Please confirm current trading name as registered with SQA and Companies House

Companies House Registration number (if applicable)

Current company type (PLC,Ltd etc)

# **New Trading Name**

Please confirm the new trading name to be registered with SQA

#### Date change effective from

(Use dd/mm/yyyy format)

New company type (PLC,Ltd etc)

Please detail below any additional changes associated with the change of name (change of organisational structure, ownership or billing information)

Yes No

Will your organisations Primary Contact remain the same?

If 'No' please give name of new Primary Contact

Will your organsiations exam secretary remain the same?

If 'No' please give name of new Exam secretary

#### Cease to Trade

Please complete below sections to confirm that your organisation will cease to trade.

#### Cease to Trade Confirmation

Check to confirm that your organisation ceases to trade, is wound up, or ceases to run courses under the terms of this scheme for any reason.

Date effective from

(Use dd/mm/yyyy format)

#### **Important note:**

All documentation pertaining to the scheme that is the property of the Department must be returned to SQA. If these materials are not returned, SQA will instruct an External Verifier to visit your organisation to collect the materials. You will be charged the fee and expenses to recover the cost of such a visit.

Check to confirm you are aware that your organisations centre approval will be suspended on the effective date supplied above.

Check to confirm that you will arrange for all documentation, which is the property of the department, be returned to SQA.

# Office Use Only

Admininstrator:	
Date:	(Use dd/mm/yyyy format)

**Uploaded to the TP database record:**