



DGDT/PDP – Training Course notification within 7 days of start date

TRAINING PROVIDER DETAILS

Training Provider Number

Name:

Contact Name

Date submitted

Contact e-mail address

TRAINING COURSE DETAILS

Pre-Approved Training Programme
(As shown in Appendix E)

Site

Start Date:

Start Time:

End Date:

Exam Date:

Exam Start Time:

Exam Date 2:

Exam Start Time 2:

Exam Paper Series:

Instructor(s):

Invigilator

Is this an Online course request? Yes No

Own Reference

(This is where you can add a reference which will appear on your invoice)

The Manual of Practice states that any request for notification of a training course within seven days, without a justifiable reason, may be declined.

Please indicate the REASON why this course has not been added to your database

Signature

Date:

(Use dd/mm/yyyy format)

Please submit this form by email to pdpasport@sqa.org.uk if this is in relation to a PDP course OR adr@sqa.org.uk if this is in relation to an ADR course.

FOR OFFICE USE ONLY

Approved Yes

No

Uploaded on to database

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Initials

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