

Training Course Delivery Sheet

Course start date: _____ Course end date: _____

Learner Name	Course Name	Course ID/Name	Trainer (s) Signature	Assessor Signature

Declaration to be completed by Training Provider

I understand that I have verified the information provided and understand that if I have knowingly recorded information that is incorrect DVSA can refuse to complete further Demonstration Tests from this Training Provider/Trainer or to progress any future VTS applications on candidates who have gained a level 2 or 3 qualification from this Training Provider/Trainer. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006

Signed by Trainer _____ Training Provider _____

Print Name _____ Date _____

This document must be retained by the Training provider in line with Awarding Organisation process and must be produced on request to the Awarding Organisation representative or any DVSA Vehicle Examiner on production of their warrant card. Failure to retain or produce this document on request will result in refusal by DVSA to carry out any future demonstration tests on candidates who have gained a level 2 award from this Training Provider

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