



FREIGHT TRANSPORT ASSOCIATION

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# Driver CPC

# FTA Update



## Periodic training: the facts

**35 hours**  
training every  
**5 years**

Qualification  
(after 35hrs) on  
**DQC**

Completed  
training course  
record held on  
a central  
database

Minimum  
training period  
**7 hours**

Training providers must be  
accredited and training courses  
must be approved



# Where to start?

**1**

Ascertain the **driver numbers** involved in the training programme

**2**

Establish your **organisation's objectives** for the driver training

**3**

**Build a training programme** - the FTA approved module list can help

**4**

Decide on the **priorities for delivery** of the programme

- FTA can advise on a range of issues as follows (not exclusive):
  - obtaining training centre approval
  - obtaining course approval
  - writing lesson plans
  - bespoke presentations and driver handouts
  - obtaining course re-approval
  - administration and data capture
- Duration of consultancy subject to specific requirements



Certificate of  
Attendance



Certificate of  
Achievement

Automatic  
for ADR

- There is no 'pass' or 'fail' - all drivers receive an FTA certificate of attendance
- At no extra charge, the driver can complete an optional post-course written assessment - known as the **Driver CPC+**
- Great value add-on to training
- If the desired mark is achieved, the certificate is upgraded to the 'FTA Certificate of Achievement'.



## Bespoke materials

- Presentation materials can be purchased from FTA
- Quality you can expect from FTA
- Handouts could be made available



## Alternatively...

- Source/tender training providers to conduct in-company training
- FTA looking to introduce a potential DCPC Community offer



## JAUPT Update

- 832 Training providers registered with JAUPT to date
- 51 verifications completed
- Another 39 arranged
- No provider has lost accreditation so far
- Average of 100 audits every 6 months
- Looking to increase the number of audits



## Changes to ID

- Candidates for driving tests and periodic training must provide ID
- From 27 April candidates who do not have a photocard licence will be able to use a valid UK ID Card issues by the Identity and Passport Service (IPS)



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# Driver CPC

## JAUPT Approval Periodic Training



# Agenda

- JAUPT centre approval
- Training course approval
- Trainers' approval - appropriate qualifications and associated knowledge are required to ascertain approval



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# Driver CPC

# JAUPT Centre Approval

# Centre Approval

- Only an approved training centre / registered site can deliver periodic training
- The approved centre is responsible for all training and registered sites
- Approval will last for 5 years - £1500
- Centre and training courses will be subject to inspection by JAUPT

## ANNEX 3 APPLICATION FOR TRAINING CENTRE APPROVAL

### 3.1 | Application for Training Centre Approval

#### The Organisation

Registered name of the organisation   
Registered address   
  
 Postcode

Approved centre name   
Approved centre address  
(if different from  
registered address)   
 Postcode

Name of the person  
responsible for this  
application

Position  
(Please see conditions iv and v)

Name of person to  
contact in relation  
to this application  
(Please see condition vi)

Email address

Telephone number

Nature of Business  Employer with in-house training  
 Training provider with own premises  
 Training provider intending to use a range of premises  
 Employer offering training to third parties  
 Other – please specify

Number of employees:  <10  11-99  100-249  250+

Sector(s) you intend  
to deliver to:  LGV  PCV  LGV & PCV

Approvals for training/assessing you already hold  
(Please include evidence of these approvals)

1. Kitemarks or standards  
you already hold (eg. IIR,  
ISO, Customer First)

2. Do you currently deliver publicly funded training? YES  NO

If YES, have you been inspected by OFSTED/ALI? YES  NO

If YES, what grades were you given for 1. Leadership & Management

2. Logistics

3. Do any of your employees have delegated examiner  
status with the DSA? YES  NO

4. Are any of your instructors registered on the DSA  
Voluntary Register for LGV Instructors? YES  NO



# Achieving Approval Status

- Adequate insurance cover – in respect of any risks that may occur from every course undertaken
- IT systems – uploads to DSA within 5 days
- Adequate infrastructure – premises, admin, equipment and materials
- Identity checks – visual check of licence/passport
- Driver evidence of attendance - receipt
- Evaluation....



# Achieving Approval Status

- Method of evaluation of each course
- Driver feedback forms
- Employer feedback
- Recording and inspection arrangements
- Trainers – evidence of subject matter knowledge and experience of training
- Course Approval (£36 per hour)....



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# Driver CPC

# Course Approval

## ANNEX 4 APPLICATION FOR COURSE APPROVAL

This form should be completed and sent to the address below along with the appropriate fee. Payment will be accepted by cheque (made payable to DSA), postal order, and credit/debit card. If paying by credit/debit card please contact JAAPT to make the payment. Please note that approval cannot take place until the payment has been received.

### The Joint Approvals Unit for Periodic Training

12 Warren Yard, Warren Farm Office Village, Milton Keynes, MK12 5NW  
T 0844 800 4184

Any queries should be directed to [enquiries@drivercpc-periodictraining.org](mailto:enquiries@drivercpc-periodictraining.org)

# Course Approval

Name of Approved Training Centre

Number of Training Centre  
(As allocated by JAAPT)

- Subject Area of the course  
(from the syllabus)
- 1. Advanced training in rational driving based on safety regulations
  - 2. Application of regulations
  - 3. Health, road and environmental safety, service, logistics

Proposed start date for course

Sector(s) to which this course is to be delivered: PCV  LGV  PCV & LGV

Title of course

Aims of course

Length of the course (hours)

Number of drivers per course

Evaluation method (state briefly how you intend to measure the effectiveness of this course)

## Course Layout

Name of course

Please complete an overview of the course you are submitting for approval. An example is given in Annex 4.

Timings	Content	Delivery method	Resources/location	References to syllabus (see Annex 2)	Name of trainer/instructor



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# Driver CPC

# Trainer Approval

## Trainer Information

Name of Trainer/Instructor

Please complete this form for each trainer. Please attach evidence for each trainer that confirms his or her qualifications/experience in both training and subject knowledge.

Courses to be delivered	List evidence attached to show the trainer's knowledge qualifications/experience	List evidence attached to show the trainer's training qualifications/experience

Explanatory note (please read before completing this part of this form).

Trainers' qualifications and/or experience – the directive requires that each trainer is suitably qualified in the subject area(s) they are proposing to deliver.

Trainers will be expected to present evidence of knowledge in the relevant subject area and also evidence of expertise in training/training techniques.

Evidence will take the form of:

### **Training**

- An appropriate training qualification OR
- A certificate of experience from an employer or customer that can evidence expertise in delivering training (see Annex 7)

### **AND**

### **Knowledge**

- An appropriate qualification in the relevant subject OR
- A certificate of knowledge from an employer or customer that can evidence expertise in the subject being delivered (see Annex 10)

NOTE: In some instances the same qualification/certificate may provide evidence of both subject knowledge and training experience e.g. the Registered LGV Instructor Certificate or the Driving Instructor NVQ.

Please note: Those trainers delivering practical driver training must hold the appropriate driving licence for at least three years to comply with the accompanying driver rules, and meet one of the above criteria.

# Experience

*This is to certify that*

\_\_\_\_\_ (Name of Trainer)

has experience of training in the following subject areas:

1

2

3

and that we, \_\_\_\_\_

(Name of customer/employer)

have used \_\_\_\_\_

(Name of Trainer)

to train in these subject areas since \_\_\_\_\_ (date)

and are satisfied that his/her training techniques are professional and effective.

Signed

Position

Company

Date

Confirmation of Experience in Subject Knowledge

*This is to certify that*

\_\_\_\_\_

(Name of Trainer)

has demonstrated the required knowledge in the following subject areas:

1

2

3

and that we, \_\_\_\_\_

(Name of customer/employer)

are satisfied that he/she is competent in these subject areas.

Signed \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

# Knowledge



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# Driver CPC

# Training Premises

**SITE**

If you are unlikely to be in attendance on the day of the training course, please confirm the name of the colleague our instructor must contact on arrival. It would be useful to know how long it will take our instructor to clear security measures at the site and to be made aware of basic site health and safety procedures before the training commences. Additionally, suitable parking facilities will be required.

The person to contact on arrival is \_\_\_\_\_

The time required to clear security measures is \_\_\_\_\_

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
| I can confirm that basic site health and safety procedures will be explained to the instructor on arrival | <input type="checkbox"/> YES | <input type="checkbox"/> NO | please tick |
| I can confirm that suitable parking facilities are available for the instructor and all delegates         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| I confirm that suitable toilet and washroom facilities are available at the training venue                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |

**CLASSROOM**

Classrooms must be large enough to accommodate the instructor, aids, equipment and the delegates in comfort. The minimum size required is 10 square metres plus two square metres for each trainee. Delegates must be comfortably seated and must have a desk or table on which to refer to handouts and take notes. Ideally, the classroom should be situated in a quiet area free from distractions.

The designated classroom is \_\_\_\_\_ square metres

I can confirm that the classroom is equipped with:

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
| Adequate lighting   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | please tick |
| An effective means of shading the room from bright sunlight | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| An effective means of controlling room temperature          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Easily accessible power points (at least 2 x 13amp)         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Screen/white wall   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Flip chart with paper                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Notepaper and pens for all delegates                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |

**CATERING**

I can supply the following in a separate area.

- |                    |                              |                             |             |
|--------------------|------------------------------|-----------------------------|-------------|
| Coffee on arrival  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | please tick |
| Mid morning coffee | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Lunch              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |
| Mid afternoon tea  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |

**SPECIALIST REQUIREMENTS FOR DRIVER AND MECHANICAL HANDLING TRAINING COURSES (complete only if relevant)**

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
| I can supply an appropriate vehicle for the purposes  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | please tick |
| The vehicle will be provided for use in a clear working area, free from unnecessary obstructions and cordoned off as required | <input type="checkbox"/> YES | <input type="checkbox"/> NO |             |

# Premises

Please sign and return one copy (both pages) retaining the other for your own reference.

By signing this document, I confirm that I have answered these questions to the best of my knowledge and accept that if the criteria set out above are not adhered to, FTA reserves the right not to proceed with the training course.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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# Driver CPC

# Admin Procedures



**Driver CPC delegate details schedule**

Company name		Job ref no	
Venue		Date	
DCPC module am			
DCPC module pm			
Course duration		Max del no	

Please complete columns 1 and 2 for each delegate. Do not complete columns 3 and 4 – these will be completed during the training course.

	1	2	3	4	
				Full name of course delegate	Driving licence number
				Passport/ paper licence	Photocard/ counterpart
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>

I confirm that all drivers have given authority for their driving licence numbers to be disclosed for the purposes of the record

**DRIVER CPC+**

On conclusion of the training, all delegates will receive a receipt for their personal records and a record of the training course will be uploaded to the central Driving Standards Agency (DSA) driver training database. In due course, delegates will also receive an FTA Certificate of Attendance. In addition, delegates can complete an optional written assessment on conclusion of the training course. Delegates who participate in the assessment and are successful in attaining the required standard, will have their certificate upgraded to the FTA Certificate of Achievement.

If you would prefer that delegates participate in the written assessment, please indicate this in the box provided.

For completion by course tutor

	1	2	3	4	
				Full name of course delegate	Driving licence number
				Passport/ paper licence	Photocard/ counterpart
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**TUTOR DECLARATION (TO BE COMPLETED DURING THE TRAINING COURSE)**

I can confirm that all practices and procedures have been followed in accordance with those set down by FTA to fulfil its obligations in respect of the legislation.

Details of any notable incidents are given here

Tutor signature \_\_\_\_\_ Date \_\_\_\_\_



## Driver CPC delegate feedback form

Title of course		
Venue		Date
Tutor		

I would prefer not to give feedback

Please rate your experience of FTA training by ticking the most appropriate box

EVENT ORGANISATION	POOR	BELOW EXPECTATIONS	ACCEPTABLE	EXCEEDED EXPECTATIONS	EXCELLENT
Location of venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training venue suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the venue accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch provisions adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURSE CONTENT	POOR	BELOW EXPECTATIONS	ACCEPTABLE	EXCEEDED EXPECTATIONS	EXCELLENT
Was the subject matter relevant to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course content easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the course notes easy to read and understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall evaluation of the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINER	POOR	BELOW EXPECTATIONS	ACCEPTABLE	EXCEEDED EXPECTATIONS	EXCELLENT
Professional in their approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approachable/answered questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging and interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments

If you are prepared to give your name and contact details so we can discuss your feedback in more detail please complete below

Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_





# FTA Tutor Admin Process

At the end of the course, FTA tutors will:

- sign a declaration at the end of the delegate details schedule;
- complete a report of any incidences that warrant such action;
- distribute feedback forms to every delegate and retain completed forms;
- issue all delegates with their receipt slip

Driver CPC Periodic Training

**Record of Course Attendance**

**Certificate**

*I confirm that*

<<Full name of driver>>

Driver Number: <<Driving licence number>>

*Has attended the following course*

<<Name of course>>

<<Course Approval number>>

Length: <<length of course>> Hours

*Completed on the*

<<Date course completed>>

*at*

<<Approved Centre Name>>

<<Centre Approval Number>>

---

*On behalf of <<Approved Centre Name>>*

ADD COMPANY  
STAMP HERE

ADD COMPANY  
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