



SPA Passport Scheme Tutor registration form

Name _____ Contact Tel No _____

Name of organisation _____

DOB _____ National Insurance number _____

Experience/sector background

years	sector	position held

Qualifications:

Health and safety

Teaching/training

SPA Passport Scheme

- core day date achieved _____
- sector specific day (please specify sector _____) date achieved _____

SPA Passport ID NO. (if known) _____

Sector specific qualifications/training

As a tutor I have not/or are currently not part of any investigation for fraudulent delivery of any training scheme Please provide full disclosure if this is not the case as may prevent tutor registration.

Tutor signature _____ Date _____

Please reproduce this sheet for each tutor to be registered.

Please send the completed form to: shirley.cullen@safetypassports.co.uk
SPA Ltd, Unit 3, The Court, Holywell Business Park, Northfield Road, Southam, Warks. CV47 0FS

