

# PDP CANDIDATE REGISTRATION FORM

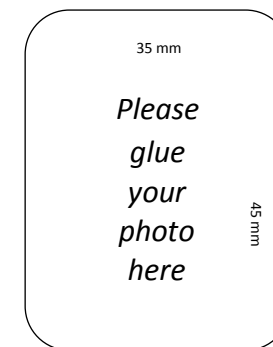


This form is for Training Provider Internal Use only

|   |   |                         |
|---|---|-------------------------|
| <b>To be completed by the Candidate</b> |   | <b>Candidate Number</b> |
| <b>Surname</b>                          | <b>Nationality</b>  |                         |
| <b>Forename(s)</b>                      | <b>Date of Birth</b>  |                         |
| <b>Address</b>                          | <b>I certify that the information I have given is correct</b><br><br><b>Signed</b> <span style="float: right;"><b>Date</b></span> |                         |
|   |   |                         |
|   |   |                         |
| <b>Postcode</b>                         |   |                         |

SQA collects information about you on behalf of the Downstream Oil Distribution Forum in order to provide Petroleum Driver Passport (PDP) qualifications. We may share your personal information with your training provider and the Driver and Vehicle Standards Agency (DVSA) as part of the Department for Transport (DfT). More detail on how SQA uses your information is available in our Privacy Statement. <https://www.sqa.org.uk/sqa/45397.html>

|  |                            |             |                         |  |
|--|----------------------------|-------------|-------------------------|--|
| <b>To be completed by the Training Provider</b>  |                            |             |                         |  |
| <b>SQA Training Provider Number</b>  |                            |             |                         |  |
| <b>Notes:</b>  |                            |             |                         |  |
| <p><b>This form is for a Training Providers internal use only.</b><br/> <b><u>Do not return this form to SQA.</u></b><br/> <b>Please retain this form for your own records.</b><br/> <b>Please upload photographs and signatures directly onto the candidate's record on the database.</b></p> |                            |             |                         |  |
|  |                            |             | <b>Course ID Number</b> |  |
| <b>Signed</b>  | <b>Position in Company</b> | <b>Date</b> |                         |  |



Please sign your name above in **BLACK INK**, keeping within the corner markers. Please **DO NOT** sign outside this area.

**This form is for internal use only - DO NOT send to SQA**