



Candidate List: Forward to accreditation\_team@rtitb.co.uk NO LATER than 5 days before the course starts

Company:  Telephone:

Examinations Contact Name:  Email Address:  (this will be used to send the exam allocation to)

Course Instructor Name and Current RTITB Registration Number:

Exam Address:  Machine Type:

Taking Place: In Centre  On Customer Premises  Please find appended the names of our course members to be examined on:

| Basic Instructors |  | First Name(s) | Surname | Postcode | D.O.B | NORS |
|-------------------|--|---------------|---------|----------|-------|------|
| 1.                |  |               |         |          |       | Y/N  |
| 2.                |  |               |         |          |       | Y/N  |
| 3.                |  |               |         |          |       | Y/N  |
| 4.                |  |               |         |          |       | Y/N  |

  

| Instructor Conversion |  | First Name(s) | Surname | Postcode | D.O.B | Issuing Organisation | Registration No. | NORS |
|-----------------------|--|---------------|---------|----------|-------|----------------------|------------------|------|
| 1.                    |  |               |         |          |       |                      |                  | Y/N  |
| 2.                    |  |               |         |          |       |                      |                  | Y/N  |
| 3.                    |  |               |         |          |       |                      |                  | Y/N  |
| 4.                    |  |               |         |          |       |                      |                  | Y/N  |

  

| Instructor Re-Registration |  | First Name(s) | Surname | Postcode | D.O.B | Current/Previous Registration No. | NORS |
|----------------------------|--|---------------|---------|----------|-------|-----------------------------------|------|
| 1.                         |  |               |         |          |       |                                   | Y/N  |
| 2.                         |  |               |         |          |       |                                   | Y/N  |
| 3.                         |  |               |         |          |       |                                   | Y/N  |
| 4.                         |  |               |         |          |       |                                   | Y/N  |

  

| Instructor Re-test |  | First Name(s) | Surname | Last Theory Paper                   | Practical Lesson                    |
|--------------------|--|---------------|---------|-------------------------------------|-------------------------------------|
| 1.                 |  |               |         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.                 |  |               |         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|                  |                          |
|------------------|--------------------------|
| Practical Lesson | <input type="checkbox"/> |
| OFFICE USE ONLY  | <input type="checkbox"/> |
| Practical Lesson | <input type="checkbox"/> |
| OFFICE USE ONLY  | <input type="checkbox"/> |
| Practical Lesson | <input type="checkbox"/> |
| OFFICE USE ONLY  | <input type="checkbox"/> |
| Practical Lesson | <input type="checkbox"/> |
| OFFICE USE ONLY  | <input type="checkbox"/> |

**OFFICE USE ONLY**  
 Processed By:   
 Date Processed:

|                   |   |   |
|-------------------|---|---|
| Examining Charges | <input type="text"/> people <input type="text"/>        | Examiner: <input type="text"/>  |
|                   | Mileage: <input type="text"/> @45p <input type="text"/> | Notes: <input type="text"/>   |
|                   | Subsistence: <input type="text"/>                       | Arrival Time: <input type="text"/> Departure Time: <input type="text"/> |
|                   | Other:(pease detail) <input type="text"/>               | Duration: <input type="text"/>  |
|                   | Total: £ <input type="text"/>                           | (excluding travel time)   |