

Highways Passport

New Approved Training Provider Request Form

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| **Date**  |  |
| **Proposing Contractor Organisation** |  |
| Requesting Contact Name |  |
| Job Title |  |
| Contact email |  |
| Contact phone |  |
| **By completing this form you confirm that you have communicated with the nominated training provider, and they want to be considered for approved training provider status on Passport.** |
| **Proposed Training Provider Organisation** |  |
| Contact Name |  |
| Job Title |  |
| Contact email |  |
| Contact phone |  |
| Office address |  |



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| **National Qualification(s) that the Training Provider will Award *(please use existing Passport Qualification Titles and Codes). NB All existing Passport rules for qualifications will continue (such as Validity Period).*****Title: ……………………………………………………………….……………….****Code: ………………………………………****Title: ……………………………………………………………….……………….****Code: ………………………………………****Title: ……………………………………………………………….……………….****Code: ………………………………………****Title: ……………………………………………………………….……………….****Code: ………………………………………****Title: ……………………………………………………………….……………….****Code: ………………………………………** |

Once completed, a copy of this document should be sent to Mitie helpdesk at HE.validate@mitie.com with the title **Approved Training Provider Request Form** in the Subject.

This section is for use by the Mitie Helpdesk.

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| **Approval Date** |  |
| **Date and reason for rejection (if not approved)** |  |