

RTAS Dispensation Application Form

Application details					
Assured Provider					
RTAS number		Date of Application			
Name & Role of applicant <i>Person completing this form</i>					
				Tick	RTAS Clause
Type of application (tick)	Continuous Professional Development				
	Observations				
	Workplace Assessments in 12 months				
	Extension of Mentoring beyond 3 months				
	Duration of Training				
	Upskilling process amendment				
	Suspended returning to RTAS				
	Trainer/Assessor Medical				
	Delivering PTS in Prisons				
	Practical Site Approval below specification				
	Other		RTAS Clause number(s)		
	Please describe				

Dispensation to be applied to: continue on separate sheet if required					
Trainer/Assessor Name		Trainer/Assessor Sentinel number			
Capability (full title)		Competence Alias	Train	Assess	Train and Assess

Details of dispensation request	
RTAS Rules version	
Reason for dispensation	
Mitigation	
Supporting evidence (attached as pdf, word, excel)	List file names

Assurance Organisation review of application	
Name & Role of reviewer	
Date of review	
Register number	
Recommendation to support	Yes No
Reasoning for recommendation	
Will Sentinel DSAR be required if approved	Yes No

Network Rail review of application	
Role of reviewer	
Date of review	
Recommendation to support	Yes No
Reasoning for recommendation	
Expiration of dispensation	12m or if changes to circumstances
Signature of reviewer	



Assurance Organisation administration					
Review outcome date received					
Date applicant informed					
Dispensation register number					
Sentinel helpdesk informed				Yes	No N/A
Any additional notes					
Name		Date		Signature	