INSTITUTE OF VOCATIONAL & PROFESSIONAL TRAINING

SCHOOL OF DRIVING
APPLICATION FORM

PERSONAL INFORMATION

Full Name _____

Date of Birth _____ TRN _____

Address _____

_____

Telephone _____ Email _____

Proposed Start Date _____

DRIVING COURSE

Driving Level ■ Beginner ■ Intermediate ■ Advanced

Vehicle Type ■ Automatic ■ Manual

LEARNER'S PERMIT INFORMATION

Permit Number _____

Class _____ Date Issued _____

Expiry Date _____ Permit Verified ■ Yes ■ No

EMERGENCY CONTACT

Next of Kin _____

Relationship _____

Telephone _____

Alternative Contact _____

MEDICAL DECLARATION

Do you have any medical condition that may affect your driving?

■ No ■ Yes

If yes, please state.

_____
_____

Additional Comments

_____
_____

_____

***** DOCUMENTATION TO BRING *****

1. Birth Certificate *Copy*
2. Two (2) Passport Size Photo
3. Learning License

Applicants <u>WITHOUT</u> a Learner's License are welcome. We will provide guidance and assistance with obtaining your Learner's License.

DECLARATION
I certify that the information provided is true and correct to the best of my knowledge. I understand that tuition fees are **NON-REFUNDABLE**, and I must possess a valid Learner's Permit before commencing practical driving lessons.

Applicant Signature _____ Date _____

Employee Signature _____ Date _____