



Advanced Driver Training & Development
Course Booking & Application Form dated Jan 2012

1. Please reserve a place for me on the following course:

Title of Course:	Start Date: Finish Date:
Forenames in Full:	Surname:
D.O.B:	Gender:
Marital Status:	Occupation:
Permanent Home Address:	Correspondence Address if Different:
Postcode:	Postcode:
Email:	Email:
Tel:	Tel:
Mob:	Mob:

How did you find out about us? Friend/Internet/Recommendation?

2. I have held a driving licence for _____ years

3. Please attach a photocopy of your driving licence (both parts) and give details of any past or spent driving offences and any outstanding driving offences:

4. Please give details of any medical conditions?
e.g Asthma, Arthritis, Back or neck injury, Joint or bone problems (including pinned joints or bones), Heart condition, high/low blood pressure, Diabetes or any other medical condition not mentioned.

5. Please give any details of any medication you are currently taking?

6. Can you read a standard UK number plate from 67 feet? Yes No

7. Do you wear glasses or contact lenses? Yes No
(If yes you must bring them with you).

8. Accommodation

Costs do not include accommodation unless stated. Please ask for details on accommodation if required.

9. Bookings

A booking is confirmed upon receipt of a completed and signed application form together with the appropriate fee. Bookings by telephone cannot be accepted without confirmation in writing and full payment.

10. Fees & Course Payment

To confirm a booking a 50% deposit fee is payable upon application. Full payment must be received no later than 7 days prior to the course commencing. Cheques payable to: Tracks Apart Ltd.

Bank Transfers please contact us for details.

In the unlikely event that a course has to be cancelled by Tracks Apart Ltd a full refund will be given.

Course Payment		Invoice details if different from person booking the course We will forward invoice direct	
Total Cost of Course: £		Company:	
		Contact:	
		Address:	
Amount Enclosed: £			
Cheques payable to: Tracks Apart Ltd.		Postcode:	

11. Other Information

Please contact us if you need further information on your course. Tracks Apart Ltd cannot be held responsible for loss or damage to personal belongings.

It is the delegate's responsibility to inform Tracks Apart Ltd of any change of circumstances including address and contact details.

Declaration:
I _____ confirm that the information given is correct and accurate and that by signing, I agree to the Terms and Conditions of Tracks Apart Ltd.
Signature of Applicant: _____ Date: _____

When completed please send this form to:

Tracks Apart Ltd
The Tower
5 St Johns Court
BRECON
Powys, LD3 9EF

Or email to: paul@TracksApart.co.uk

For Office Use Only:

Course Code: _____

Invoice Number: _____

Full Payment Received: _____

Joining Instruction Sent: _____

Applicants Results: _____

Certificate Number: _____

Entered on Register: _____

Actioned By: _____

Additional Comments: _____

Date: _____