

APPLICATION FORM

Part A To be completed and signed by an adult legally responsible for the nominee.

1. Name of Nominee.....
2. Address
3. Postcode
4. Ageyears
5. Does the Nominee suffer from any illness, ailment, allergy or medical condition of any kind which could be exacerbated by participation in 'Programme 16', or which could arise during such participation and require the nominee to self-administer medication of any kind or warrant the instructor calling emergency medical assistance? NO / YES (Please circle whichever is applicable.)
6. If the answer to question 5 is YES please give details below and state what action should be taken.
.....
7. The submission of this form, together with payment is not a guarantee that the nominee will be accepted. Where the nominee is not accepted on the Programme any payment will be returned to the person who signs this form.
8. By signing this nomination form you are certifying ALL of the following:-
 - a) you are an adult legally responsible for the nominee.
 - b) you have read the policy document relating to the Programme available at www.alconburydrivingcentre.com
 - c) you give your permission for the nominee to take part in all aspects of the Programme.
 - d) the answers you have given to Questions 5 & 6 above are a full and accurate response, based on your knowledge of the nominee's medical history and current state of health.

SignatureName

Address

Postcode Home Telephone Number

Mobile Email address

Relationship to Nominee

Please scan to contact@alconburydrivingcentre.com or post to:- Alconbury Driving Centre Ltd, 141 North Gate, The Enterprise Campus, Alconbury Weald, Huntingdon, Cambridgeshire, PE28 4WX together with confirmation of payment to Sort code 20-74-81 Account number 83827054 or a cheque for £135.00 made payable to : Alconbury Driving Centre Ltd

PART B Declarations to be signed by the nominee

I commit myself to becoming a 'better than average driver' and understand that if at any time during my participation in 'Programme 16' I fail to show a continued commitment to that objective, I shall not be allowed to continue. I understand that I will not be allowed to continue on the Programme if my actions result in myself or any other person being put at risk of injury or harm of any kind.

Signature Date