

## APPLICATION FORM

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

1. Name of Trainee.....
2. Address .....
3. Postcode .....
4. Age .....years
5. Does the Trainee 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 trainee 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. By signing this form you are certifying ALL of the following:-
  - a) You are an adult legally responsible for the Trainee.
  - b) You have read the policy document relating to the Programme available at [www.alconburydrivingcentre.com](http://www.alconburydrivingcentre.com)
  - c) You give your permission for the Trainee 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 trainee’s medical history and current state of health.
  - e) You accept that we reserve the right to discontinue any training where the Trainee’s attitude puts an instructor in danger.

Signature ..... Name .....

Address .....

Postcode ..... Home Telephone Number .....

Mobile ..... Email address .....

Relationship to Nominee .....

Please scan to [contact@alconburydrivingcentre.com](mailto:contact@alconburydrivingcentre.com) or post to:- Alconbury Driving Centre Ltd, Building 519, The Enterprise Campus, Alconbury Weald, Huntingdon, Cambridgeshire, PE28 4WX together with confirmation of online payment of £135.00 to Sort code 20-74-81 Account number 83827054 Alconbury Driving Centre Ltd. If you have any query, please contact us.

**PART B Declarations to be signed by the Trainee**

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 .....