

## **Registration Form**



## Mid Canterbury Newcomers Rural Driver Licensing Scheme.

Personal Details:					
Full Name:					
Address:					
Phone:	Email:				
Date of Birth:/	Nationality:	Reli	gion:	•••••	
					٦
Emergency Contact:					
Name:					
Address:				••••••	
Phone: Relationship to you					
Do you have any disabilities, medical c	onditions or are taking	any medication	?		
If yes, please give details				•••••	
Do you have any driving experience?					
If yes, please give details					
What registered & warranted car do yo	ou have access to?	Automatic	Manual	Both	
Does your insurance policy cover you a	s a learner driver?	Yes / No (If n	ot, you will need	l to adjust you	r policy)
Number of people in home or known v	vith: Learn	ers Resti	icted Ful	II licence	
Do you have support from your employ	yer?	Yes / No			
Employer	P	hone			
This free course covers:					
Learners Licence:					
Classroom tuition, support, assistance t	o attend class / licence	test and subsidi	sed learner licer	nce test.	
(Participant contribution to test- \$35).					

## **Restricted Licence:**

Two professional instructor lessons, regular volunteer driving mentor lessons, support and subsidised licence test. (Participant contribution to test - \$40, contribution to professional lessons - \$20)

eligibility and to share information pertaining to my enr	olment with other training partners.
I acknowledge receipt of information relating to the coll Privacy Act 1993.	lection, use and disclosure of personal information under the
Signed:	Date:
Programme Coordinator:	
Wendy Hewitt, Safer Ashburton, Community House, 44	4 Cass Street Ashburton. Phone 027 611 3301
Email: wendy@saferashburton.org.nz	

I declare that the information on this form is true and correct. I authorise the programme co-ordinator to verify my

Learners Licence:
Date obtained:
Restricted Licence:
Date Obtained: