

Precise School of Driving



FORM 1.3 APPLICATION FOR ENROLMENT

PO Box 3939
BURLEIGH HEADS 4220
Ph: 07 5520 1012
Fx: 07 5520 1013
www.precisedriver.com

Name: _____

Address: _____

Phone: _____

Email: _____ Date of Birth: ____ / ____ / ____

Do you have any special requirements/needs which we can take into account within the provision of the course?

COURSE REQUIREMENTS

Commencement Date: _____ Duration of Course: eight hours

Name of Course:

Unit PDT04 Practise Driving and Evaluate Responses in Adverse Conditions.

DECLARATION If my application is accepted I agree to abide by the rules of the Precise School of Driving.

SIGNATURE OF APPLICANT

DATE ____ / ____ / ____