

**Registration Form**

**Mid Canterbury Rural Driver Licensing Scheme.**

**Personal Details:**

**Name:** .....

**Address:** .....

**Phone:** ..... **Email:** .....

**Date of Birth:** ..... /...../..... **Nationality:** .....

**Emergency Contact:**

**Name:** .....

**Address:** .....

**Phone:** ..... **Relationship to you**.....

**Do you have any disabilities, medical conditions or are taking any medication which may affect your ability to drive? If yes, please give details** .....

**Do you have any driving experience? Yes / No. Are you converting an overseas licence? Yes / No**

If yes, please give details .....

**When did you last enter New Zealand?** .....

**Do you have access to a registered & warranted car for driving lessons? Yes / No**

**Is your vehicle covered by insurance? Yes / No** (We recommend you have at least third-party insurance)

**Do you have friends or family who hold a full NZ licence who could also give you driving practice? Yes / No**

**Please indicate your preference for a driving mentor: Male Female No preference**

**This free course covers:**

**Learners Licence:**

Classroom tuition, support, assistance to attend class / licence test and subsidised learner licence test.

(Participant contribution to test- \$35).

**Restricted Licence:**

Four professional instructor lessons, regular volunteer driving mentor lessons, support, and subsidised licence test.

(Participant contribution to test - \$40, contribution to professional lessons - \$40)

I declare that the information on this form is true and correct. I authorise the programme co-ordinator to verify my eligibility and to share information pertaining to my enrolment with other training partners.

I acknowledge receipt of information relating to the collection, use and disclosure of personal information under the Privacy Act 1993.

**Signed:** .....

**Date:** .....

**Programme Coordinator:**

**Wendy Hewitt, Safer Mid Canterbury, 255 Moore Street Ashburton. Phone 027 611 3301**

**Email: [wendy.hewitt@safer.org.nz](mailto:wendy.hewitt@safer.org.nz)**

**Learners Licence:**

Date obtained: .....

**Restricted Licence:**

Date Obtained: .....