



Young Driver Day Application Form

Name

Address.....

.....

Emergency Contact No.....

D.O.B.....

Any medical details likely to affect your driving;

.....

Any dietary requirements:.....

Driving licence number.....

Date passed test.....

Licence valid from.....

Have you completed Pass Plus Yes / No Date completed.....

Please circle the type of car you drive Manual / Automatic

Please indicate choice of date
(Please note every effort will be made to accommodate your choice)

Signed.....

I enclose a cheque for £20.00 (payable to Leicestershire County Council and non refundable)

Office Use Only:
Confirmation sent:
Number



Safe Driving For Life

Young Driver Day

Please choose from the following three dates available:

Date: Wednesday 22nd October 08

Time: 9.30 – 16.30

Venue: Quorn Hall, Quorn Leicestershire

Date: Monday 5th January 09

Time: 9.30 – 16.30

Venue: To be confirmed

Date: Wednesday 18th February 09

Time: 9.30 – 16.30

Venue: To be confirmed

Please complete the application form and return to me as soon as possible. Confirmation will be sent to you in due course.

Please note: If you are under 18 you will need to complete a parent/guardian consent form also.

Return to:

**Lorraine Harris
Road Safety Officer
Leicestershire County Council
County Hall
Glenfield
Leicester
LE8 6ZR**

Tel No: 0116 3057229

Fax: 0116 3057340

Email: lharris@leics.gov.uk



Safe Driving For Life

Parental Consent Form

I hereby give permission for my son / daughter to attend the young-driver day.

I understand and agree to a practical driving session with an approved driving instructor.
This will take place on the highway.

Young Driver

Parent /Guardian Name:.....(Print)

Parent/Guardian Signature:.....