

Driving Course - Driver Enquiry Form

Please complete this form and return it as soon as possible with a 50% deposit to:

L2P Driving School, Llwyndewi, Rhydowen, Llandysul, Ceredigion, SA44 4QF

Driver Name: _____

License Number: _____

Course Type: _____

Preferred Start Date: _____ (Please note DSA test waiting lists are usually 4-8 weeks)

Address: _____

Telephone: _____

Mobile: _____

Email: _____

Theory Test: Pass date: _____ Certificate Number: _____

Driving Experience: _____

How many lessons so far? Have you had additional practice? Results of any tests taken etc.

License Endorsements: _____

Details of convictions, fixed penalties etc..

Relevant medical information: _____

Only provide information on conditions that may effect your ability to drive or conditions that are relevant to you staying on a residential course.

Emergency Contact

In case of emergency while you are on the course, who should we contact ?

Name: _____

Telephone: _____

Mobile: _____

Travel details: _____

If travelling by train or bus, give arrival and departure station names and approximate times.

Accommodation options (residential courses only):

Do you want shopping, breakfast, evening meal, use of bike etc. (see separate accommodation letter).If shopping is required on arrival, please provide a detailed shopping list. If you want a specific brand it is important to specify this or we will get whatever is available.

Other information:

Special needs, allergies, requests etc.
