ROYAL SCHOOL OF MOTORING
APPLICATION FORM A.D.I TRAINING

DATE: ----/----/-----

NAME:

ADDRESS:

Home Tel: **Mobile Tel:**

Fax: **Email:**

DRIVING LICENCE No:

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AVAILABILITY FOR TRAINING

TRAINING REQUIRED

PART 1 ☐ **PART 2** ☐ **PART 3** ☐

BRONZE PACKAGE ☐ **SILVER PACKAGE** ☐

GOLD PACKAGE ☐ **PLATINUM PACKAGE** ☐

AMOUNT ENCLOSED £

I understand that I am entitled to full refund if requested within seven days, after seven days the course fee is non refundable.

Both Part 1 and 2 of training paid for must be completed within 12 months. Part 3 to be completed within Two years.

SIGNATURE:……

Please tick the box to accept the terms. ☐