

Course Application Form

Please write clearly in **BLACK INK** using CAPITAL LETTERS

Driver details

Licence Number:

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Drivers details as shown on the driving licence

Surname: _____

First name (s): _____

Date of Birth:

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Address (if different to driving address)

House Number:

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Postcode:

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Declaration

I declare that I am the named person who has applied to undertake training on the course (s) below.

I will bring in my original licence (both parts) for inspection on the day of the course (s) and understand that if I do not provide identification I will not be able to undertake such training and will be charged the full course fee.

I will notify **GS Plus Ltd** if I cannot attend the course giving at least **24 hours** notice and will be charged the full fee if this notice is not given

GS Plus Ltd
Passenger Services
Birchmere Business
Park
Eastern Way
London
SE28 8BF

Course Details (please tick correct box and insert Course Number)

Driver Certificate of Professional Competence PCV

Driver Certificate of Professional Competence LGV

Print full name: _____

Signature: _____

Date: _____