



APPLICATION FOR CODE 8 DRIVER TRAINING PROGRAMME

Thank you for your interest in joining the Driver Training Programme. Please note that this application does not provide automatic registration to the programme. Applicants will be contacted to register on the programme. Your patience and understanding with regard to the timeframes due to the number of applicants participating is appreciated.

Name of Candidate				
ID Number of Candidate – attach copy of ID				
Date Submitted				Contact Number
NO	DESCRIPTION	EVALUATION COMMENTS		
1	Are you currently UNEMPLOYED ?	YES	NO	
2	Do you have a Learner’s Licence Test Date?	YES	NO	N/A
3	If YES to 2 above, please fill in the test date and provide a copy of the booking form			
4	Do you have a Learner’s Licence?	YES	NO	N/A
5	Do you have a Driver’s Licence test date?	YES	NO	N/A
6	If YES to 5 above, please fill in the test date and provide a copy of the booking form			
7	Have you driven a car before?	YES	NO	
8	Have you attend driving lessons before?	YES	NO	
9	If YES to 8 above, please complete the name of Driving School attended?			
10	Have you attempted the Driver Licence Test previously?	YES	NO	
11	If yes, how many attempts?			
12	Which Testing Centre did you attempt the test/s at?			
13	Any physical disability	YES	NO	
14	If YES to 13 above, please provide details of your disability:			

PLEASE NOTE: FOR DRIVER’S LICENCE TESTS, ONLY TESTS AT THE KORSTEN AND UITENHAGE TRAFFIC CENTRES WILL BE CONSIDERED AT THIS STAGE.

Candidates must have the funds to pay for all bookings and issuing fees.

Training Duration: 2hours each day for a minimum of 5 weeks

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Signature of Candidate