



Please spend a moment letting us have some information on you and your driving experience

**RoADAR (South Devon Group)
Application(update) Form**

 	Current Test Status, i.e. <u>not-taken</u> , <u>bronze</u> , <u>silver</u> , <u>gold</u>		
	Date of Test		Date of last retest
	Membership No*		* only applies if you have taken test
	Training Required Yes / No		

Title (Mr, Mrs, Ms etc)	
Forename	
Surname	
Address:	<i>Please tick your age group</i>
Town:	16-25 <input type="checkbox"/> 56-65 <input type="checkbox"/>
Postcode:	26-35 <input type="checkbox"/> 66-75 <input type="checkbox"/>
Tel No / Mob No	36-45 <input type="checkbox"/> 75-85 <input type="checkbox"/>
E-mail:	46-55 <input type="checkbox"/>

Please Indicate your normal driving conditions and mode of transport (tick all appropriate boxes)

TOWN	<input type="checkbox"/>	COMMUTER	<input type="checkbox"/>	CAR	<input type="checkbox"/>
URBAN	<input type="checkbox"/>	WORK FROM HOME	<input type="checkbox"/>	MOTORCYCLE	<input type="checkbox"/>
MOTOR WAYS	<input type="checkbox"/>	BUSINESS	<input type="checkbox"/>	VAN	<input type="checkbox"/>
A-ROADS	<input type="checkbox"/>	SOCIAL/DOMESTIC	<input type="checkbox"/>	LRG.VAN	<input type="checkbox"/>
B-ROADS	<input type="checkbox"/>	DELIVERY/CARRIER	<input type="checkbox"/>	PSV	<input type="checkbox"/>
COUNTRY ROADS	<input type="checkbox"/>	AGRICULTURAL	<input type="checkbox"/>	HGV	<input type="checkbox"/>

Your vehicle details

Make		Approx mileage p.a.		Rear	
Model		Four wheel drive		Front	
Engine size- c.c.		Year		Auto/Manual	

Your driving experience / and special needs

All information will be held in complete confidence and not made known to any persons outside of the group

Expectations from your membership

Signature:		Date:	
Please make cheques payable to :- RoSPA Advanced Drivers Association (South Devon Group)			
Subscription Paid:	£10:00	Date:	Approved: