

## Application for Driving Lesson

D.E.S Membership Number:

First Name:

Surname:

Address:

Contact Number:

Licence Number:

Expiry Date:

Number of hours completed:

I am a Government Health Care Card Holder Y / N Card Number:

I am currently employed Y / N

I am willing to participate in the Learner Driver Mentor Programme should a suitable mentor be found. Y / N

I have my own vehicle Y / N

Committee Approval ...../...../.....