

## APPLICATION FORM FOR DRIVER TRAINING

*Please complete this form **IN FULL**. Any unanswered areas or lack of supplementary required documentation will halt the processing of this application until they are either completed or supplied*

NAME:		
Physical Home Address:		
Town:	Suburb:	
Tel:	Fax:	
Mobile:	Email:	
Physical work Address:		
Town:	Suburb:	
<i>Please choose the correct answer (yes/no)</i>		
Are you a member of QASA If no, please complete the QASA Membership form and submit your membership application at the same time as this application with proof of fee (R20/year) payment.	Yes / No	Which region are you a member of:  Which year did you become a member:
Do you have a learner's license? <i>(Kindly attach)</i>	Yes / No	License No.: Expiry Date:
Do you have a driver's license? <i>(Kindly attach)</i>	Yes / No	License No.: Expiry Date:
Have you previously had a license?	Yes / No	If yes, please attach a copy
What restrictions do you have on your current license?		
Do you have any endorsements on your current license? <i>(If yes, what?)</i>		
Description of disability: <i>(Please describe the amount of function that you have in your arms and legs to help us assess whether you will be able to use the controls on our vehicles.)</i>		
Do you have function in your legs?	Yes / No	
Can you use your left leg?		
Can you use your right leg?		
Do you have use / function in your arms?	Yes / No	
How long have you had mobility restrictions?		
Do you need to use a vehicle with a hand control system?	Yes / No	
Do you think you will need an assessment to see whether you can use a hand control system? YES/NO		
Are you on a disability grant?	Yes / No	<i>Kindly attach a copy of the said Grant.</i>
If yes, what is the Grant number?		
Are you currently employed?	Yes / No	
(If yes) Please give employers detail: (in case of illness or we need to contact you and your cellphone is not working/operational.	Name of Company: Landline number: Name of your manager / person you report to:	
What are your work hours?		

Please indicate your income bracket (please mark with an X next to relevant one):	R0-R3000 R3000-R5000 R5000-R8000 R8000-R10000 R10000+ <i>Kindly attach a copy of your latest payslip</i>	
Are you able to have lessons during working hours?	Yes / No	
Do you have any preferred days and times for driving lessons?	State:	
Are you comfortable to be instructed in English?	Yes/No	
I hereby declare that the above information is true and correct.  Signature:		

Please note: QASA will respond in writing to this primary application with a request for more information or a decision on the application.