

**Customer Information**

The information in the shaded sections is required by us to comply with the *Driving Instructors Act* and the *Driving Instructors Regulations*. All other information is voluntary and is used to assess and formulate an appropriate learning strategy, tailored to each customer's needs.

**Unless required by law or regulation, your personal information will not be passed to any third-party without your consent.**

**Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Date of Birth** |  | | | |
| **Address** |  | | **Post Code** |  |
|  |  | | | |
| **Telephone** | **Home**: (02) | **Mobile**: | | |
| **Licence №**  ***(Not Card №)*** |  | **Expiry Date**: | | |
| **Email** |  | | | |
| **Log Book**  **Hours** |  | | | |

**How did you hear about All Things Driving?**

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| *Returning Customer / Friend / Yellow Pages / Web Search / Advertising on Car / School Newsletter*  *Other:* |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Mobile:** |  |

**Medical Information**

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| **Do you have Diabetes?**  No / Yes – Controlled by Insulin / Oral Medication / Diet |
| **Have you ever had any type of Epilepsy?**  No / Yes: |
| **Have you ever had attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness?**  No / Yes: |
| **Do you have any medical or mental disabilities which may affect your driving?**  No / Yes: |
| **Do you have any physical disability that may affect your driving?**  No / Yes: |
| **Do you take any medications which may affect your driving?**  No / Yes – *Your Doctor or Pharmacist will be able to advise you.* |
| **Do you have any learning difficulties?**  No / Yes: |
| **Do you wear glasses or contact lenses when driving?**  No / Yes: |

**Payments & Receipts**

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| **Payments:**   * We accept Credit Cards (MasterCard, Visa & American Express), EFTPOS, Cash. * Direct Deposit (EFT or Branch – CBA) – must be arranged prior to lesson. * All charges are GST inclusive. |
| **Receipts:**   * We will issue a Receipt/Tax Invoice to the email address supplied. * *If you prefer a printed copy please circle Yes – printed copy.* |
| **Email (for receipt):**  @ |

**Cancellation Policy**

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| * More than 24 hours notice – no charge. Refund or reschedule lesson. * Less than 24 hours notice – $44.00 Cancellation Fee applies. * If the Instructor arrives at pickup and customer not available – full lesson charged. |

**Refund Policy**

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| --- | --- | --- | --- |
| *If you are not happy with our service for any reason, we will happily refund the unused portion of any*  *pre-paid lesson package, subject to the formula below.*   * If you’ve completed less than 5 hours: Refund = Package Price minus ( $ 88 x hours used ). * If you’ve completed 5 hours or more: Refund = Package Price minus ( $ 85 x hours used ). | | | |
| **Signature:** |  | **Date:** |  |