

# ALL THINGS DRIVING

## 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

|                                   |              |                     |  |
|-----------------------------------|--------------|---------------------|--|
| <b>FULL NAME</b>                  |              |                     |  |
| <b>DATE OF BIRTH</b>              |              |                     |  |
| <b>ADDRESS</b>                    |              | <b>Post Code</b>    |  |
|                                   |              |                     |  |
| <b>TELEPHONE</b>                  | <b>HOME:</b> | <b>MOBILE:</b>      |  |
| <b>LICENCE №<br/>(Not Card №)</b> |              | <b>EXPIRY DATE:</b> |  |
| <b>Email</b>                      |              |                     |  |
| <b>LOG BOOK HOURS</b>             |              |                     |  |

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

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

*Other:*

### EMERGENCY CONTACT

|              |  |                |  |
|--------------|--|----------------|--|
| <b>NAME:</b> |  | <b>MOBILE:</b> |  |
|--------------|--|----------------|--|

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## MEDICAL INFORMATION

### 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

### 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

- More than 24 hours notice – no charge. Refund or reschedule lesson.
- Less than 24 hours notice – \$35 Cancellation Fee applies.
- If instructor arrives at pickup and customer not available – full lesson charged.

## REFUND POLICY

*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 (\$70 x hours used).
- If you've completed 5 hours or more: Refund = Package Price minus (\$67 x hours used).

SIGNATURE \_\_\_\_\_

*Type name if returning via email*

DATE: \_\_\_\_\_