



COURSE ENROLMENT FORM

- 1** PLEASE COMPLETE IN FULL & RETURN TO SDT
- 2** COMPLETE THE E-LEARNING MODULES (some theory modules must be completed prior to the practical driving course)
- 3** ATTEND THE PRACTICAL DRIVING COURSE ON THE DATE YOU BOOK

COURSE DATE: SUNDAY 7 SEPTEMBER

VENUE: EMERALD DRIVER TRAINING CENTRE

YOUR NAME: _____ (AS IT WILL APPEAR ON YOUR CERTIFICATE)

DATE OF BIRTH: ____/____/____

POSTAL ADDRESS: _____ POSTCODE: _____

PARTICIPANT'S CONTACT PHONE #: _____ EMERGENCY CONTACT# _____

YOUR LICENCE NUMBER: _____ TYPE: LEARNERS PROVISIONAL OPEN

IF ON L-PLATE PLEASE ESTIMATE THE LOGBOOK HOURS THAT WILL BE COMPLETED PRIOR TO THE PRACTICAL COURSE: _____ hrs

THE E-MAIL ADDRESS I WILL USE TO LOG INTO THE E-LEARNING COURSE IS: _____

I understand that I must complete the required eLearning modules + the Pre-course safety module to be allowed to drive SDT vehicles: YES NO

**This section must
be completed**

TO SAFE DRIVE TRAINING IN CONSIDERATION OF SAFE DRIVE TRAINING AGREEING TO PROVIDE PRACTICAL INSTRUCTION IN THE TECHNIQUES OF DEFENSIVE DRIVER TRAINING, I, THE UNDER SIGNED, SEVERALLY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO HEREBY;

1. Release and discharge Safe Drive Training and its principals, its employees, agents, sponsors and servants from all actions, suits, causes of actions and/or suits, claims and/or demands whatsoever that might at any time hereafter arise against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person or company howsoever arising, or any loss or damage to property howsoever arising or occurring in the course of or in connection with practical defensive driver training.
2. Agree to keep Safe Drive Training and its principals, its employees, agents, sponsors and servants indemnified from, and against, all actions, suits, causes or action, claims and demands whatsoever, which I or any person or company may at any time hereafter have against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person, or any loss or damage to property arising in the course of, or in connection with, the participation by me in such practical defensive driver training.
3. Acknowledge that I have read this entire enrolment document and understand the document and its legal consequences.

I (participant's signature) _____ acknowledge my consent & confirm the information above is accurate.

IF UNDER 18 PLEASE COMPLETE, I (PARENT/GUARDIAN FULL NAME) _____
being the parent/guardian of the above named hereby consent to their participation on the terms and conditions shown.

(PARENT/GUARDIAN SIGNATURE) _____ DATE: ____/____/____

- ☐ I require bus transportation from Middlemount
- ☐ I understand that the bus leaves at 6:55am and returns at 5:30pm

MIDDLEMOUNT <> EMERALD

SP5159

COACH

	Coach	
Position	6:45 AM	Middlemount Community School, James Randell Dr, Middlemount
Depart	6:55 AM	Middlemount Community School
Arrive	8:40 AM	Emerald Driver Training, @ Emerald Karting Club, Capricorn Highway, Emerald QLD
Position	3:35 PM	Emerald Driver Training, @ Emerald Karting Club, Capricorn Highway, Emerald QLD
Depart	3:45 PM	Emerald Driver Training, Emerald
Arrive	5:30 PM	Middlemount Community School



Find us on:



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