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| Please complete this form Please use this form if you want to complete in Word. The signature may be provided on a separate piece of paper, photographed and sent to the training provider. The driving licence must also be photographed and sent to the training provider. The training provider must attach the signature and licence to this completed formThe signature confirms that the candidate has provided the correct information and has read the on-line Driver CPC candidate form.  |
| FORENAME |  |
| SURNAME |  |
| ADDRESS |  |
| POSTCODE |  | DATE OF BIRTH |  |
| GENDER  |  | NATIONALITY  |  |
| PLEASE INSERT YOUR DRIVING LICENCE NUMBER BELOW |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please complete this part after the course

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| **Quality Control Review – Feedback** |
| ITEM | VERY GOOD | GOOD | NORMAL | POOR |
| The Venue |  |  |  |  |
| The Location |  |  |  |  |
| The Instructor |  |  |  |  |
| The Facilities  |  |  |  |  |
| The relevance of the course |  |  |  |  |
| The Vehicle Used |  |  |  |  |
| The Suitability of the Site |  |  |  |  |
| Overall Safety |  |  |  |  |
| Please rate this course out of 10 |  /10 |
| Please add your comments here |