



## RoSPA Advanced Drivers and Riders Test and Membership Application Form

### STEP ONE (BLOCK CAPITALS)

Name:
Address:
Email Address:
Contact number:
Date of Birth:
Where did you receive training?

### STEP TWO Taking the Advanced Test (BLOCK CAPITALS) (\*delete where applicable)

Vehicle Type: (car/motorcycle/LGV/PCV/scooter)
Please confirm you hold a valid licence type to drive this vehicle YES / NO
Licence expiry date:
Please confirm that vehicle is insured in conformity with current legislation: YES / NO
Date of expiry of insurance:
<b>The examiner will make contact to arrange the date and location of the test</b>
Preferred test location:
Information for examiner regarding availability:

- I accept that the test will last about 90 minutes and take place at a mutually convenient time and location.
- I confirm that the vehicle I use for the test will be roadworthy and that I am the holder of a current driving licence, insurance for the vehicle and Test Certificate (where applicable) and that I will produce these documents if requested to do so.

**\*\*Please note that if you have a photocard driving licence, then the will photocard must be valid and up to date before partaking in your test. Failure to do so will result in your test being cancelled. Old style paper licences will still be accepted.**

### Details of the vehicle which you will use on the test (to assist the examiner meeting you)

Make:	Model:
Colour:	Reg Number:

## DECLARATION

I enter the advanced test and refresher tests of RoSPA Advanced Drivers and Riders entirely at my own risk. I agree that The Royal Society for the Prevention of Accidents, its examiners, representative members, officers, servants and agents shall not be liable to me for any loss, damage or injury or any consequential or indirect loss (save for personal injury or death caused by the negligence of any the aforementioned) sustained during or as a consequence of my undertaking any of the said tests. I further undertake to indemnify the Royal Society for the Prevention of Accidents against all loss, damage, claims or injury sustained by them by reason of any act, or omission or neglect of mine during or as a consequence of my undertaking any of the said tests. I also agree to be bound by the rules of RoSPA's Advanced Drivers and Riders (available on request).

Signature:	Date:
------------	-------

If you have a learning difficulty, disability and/or a medical condition, please ensure that we know what you need so that we can make all reasonable adjustments to help you succeed.

### STEP THREE PLEASE TAKE PAYMENT FOR:

**1 x RoSPA Advanced Riders Test at £57.00 (including VAT)**

**1 x RoSPA Advanced Riders Test at £47.00 (including VAT)  
(I am under 26)**

**1 x RoSPA Advanced Drivers Test at £51.00 (including VAT)**

**1 x RoSPA Advanced Drivers Test at £41.00 (including VAT)  
(I am under 26)**

### Wiltshire RoADAR only:

#### Method of Payment:

**Cheque (enclosed)** Payable to Wiltshire RoADAR

**Electronic Bank Transfer** Sort Code **20-84-58** Account Number **80006998**   
Please include your name and initials as the Payment Reference.



Please detach this page

**Please complete the form and send it with your payment to the  
Wiltshire RoADAR group treasurer:**

**Mike Southgate  
14 Kennet Avenue, Swindon, Wiltshire SN25 3LG  
Email: [mike@lumel.co.uk](mailto:mike@lumel.co.uk)**

Payment can either be made by cheque payable to Wiltshire RoADAR or by electronic bank transfer to the group's bank account: Sort Code **20-84-58** Account Number **80006998**. Please include your name and initials as the Payment Reference.

Applying for your test through the Group Treasurer rather than to RoADAR in Birmingham allows the group to recover £3 of the test fee for group funds.

**Thank you.**

## **NEXT STEPS**

- Following receipt of your completed application form and test fee, the group treasurer will forward your application to RoADAR in Birmingham.
- An examiner will then contact you to arrange your test appointment.
- If no one has contacted you within 6 weeks of you sending this application please contact the group Membership Secretary, Monica Graham, in the first instance by email to [secretary@wiltshireroadar.co.uk](mailto:secretary@wiltshireroadar.co.uk) or by phone on 01367 242377.
- If you are prevented from keeping the appointment please let your examiner know immediately. A short notice postponement of less than three clear days will incur a cancellation charge (£35 maximum).
- Within four weeks of completing your test you should receive your test report in the post. Please let the group Membership Secretary know if you do not receive this.
- It would be appreciated if you would let your Tutor know your test result, and if you felt able, to show them your test report. This would help tutors to see any particular aspects of their training that needs attention.

