

DRIVER REGISTRATION FORM

TO BE COMPLETED BY THE DRIVER (Please note items marked with an * are mandatory fields)

*Course Date:

Course ID:

Driver Details

*Driving Licence Number:

*Licence Country:

Title:

*First Name:

Second Name(s):

*Surname:

Address:

*Town:

*Postcode:

*Country of Residence:

*Date of Birth:

*Gender:

Mobile Number:

Email:

Employer Details

Depot Name:

Contact Name:

Telephone:

By signing this form you agree that:

- You have seen the Fair Processing Notice which explains how your data is used
- All personal data on this form is factual to the best of your knowledge
- The driving license number you have provided is accurate and that you hold an appropriate entitlement for the training you are undertaking
- You understand that any falsification of information could lead to the removal of Periodic Training hours associated with this training

*Sign on the day:

If you would like to be kept up to date with industry news, special offers and other items that may be of interest relating to RTITB services please visit www.rtitb.co.uk to join our mailing list