

Drive Plus assessment application

Your contact details

Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

Referred by:

- Self
- Medical professional
- Community LINK scheme and aged 79+
Area: _____

- I confirm that I hold a valid full UK driving licence and that I am not aware of any medical condition or disability that would prevent me from holding a licence.

Payment

- I will make a payment online by credit or debit card
- I will telephone to make a payment by credit or debit card, please call
01225 713700
- Payment not required
(LINK drivers aged 79+ or medical referrals only)