

# Metec Driver Training Centre

## ENROLMENT FORM CARAVAN TOWING COURSE



SURNAME (Please Print)	GIVEN NAMES	DATE OF BIRTH
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /

SURNAME	GIVEN NAME	DATE OF BIRTH
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE: HOME. \_\_\_\_\_ MOBILE. \_\_\_\_\_

Email: \_\_\_\_\_

I wish to enrol for the following Course (Please insert course number)

Course No. \_\_\_\_\_ Van hire required: Yes / No

We like to keep in touch with our students – if you DO NOT want us to contact you in the future, please tick this box.

N.B. Information disclosed on this form will not be forwarded to a third party and will only be used by us internally to track participant's progress.

TOTAL FEE OF \$  ENCLOSED (Enrolment Fees are payable in advance).

*Enrolment Fees are not refundable, restrictions do apply.*

N.B. Could you please assist with this information which will help us and should hopefully ensure you get the best from this course.

- A. You will need to bring you own lunch on the day, however, tea, coffee, water and biscuits are available along with a fridge and microwave.
- B. You will receive some pre-course information with your receipt for payment for this Course, which we would ask you to read prior to attending.
- C. If your bring your own van:

Make.....Size.....Axles (number).....5<sup>th</sup> Wheeler - Yes/No

Car Insurance Details: Car Make.....Man/Auto

Company.....Type of Cover.....

Policy No.....Expiry Date.....

D. When you get your own van will it be fitted with electric brakes? Yes/No

E. Caravan mirrors are available for purchase, are you interested Yes/No

F. If you are hiring on of our vans:  
Do you have an electric brake controller fitted to your car? Yes/No

G. Licence No (Participant 1).....Expiry date .....

Licence No (Participants 2) ..... Expiry date.....

***Terms and Conditions of Use and Indemnity***

1. I am eighteen (18) years of age or over.
2. I have a current Full Licence and undertake and agree that this Licence shall be current at the time of my participation in the Course.
3. I undertake and agree to ensure that the motor vehicle used by me in the driving course shall be roadworthy and registered pursuant to current Victorian Road Traffic Legislation and that such vehicle is covered by Comprehensive or Third Party Property Only Insurance (details page 1)
4. I acknowledge and understand that:
  - (a) The driving course which I will participate in is potentially hazardous
  - (b) Other drivers will be using the course at the same time I am
  - (c) My presence on the course may expose me to risk either from an incident caused by me or by other people or by the nature of the activities conducted on the course
  - (d) I will not exceed the speed limits set by the Centre, unless under instruction to do so
  - (e) I will comply with all instructions given to me by all officers, employees, contractors, servants or other agents of the Centre
  - (f) I may be required to drive one of the Centre's or Instructor's motor vehicles and that I do so at my own risk and will use all due care and attention when driving the vehicle
5. I agree to indemnify and keep indemnified the Centre and its officers, employees, contractors, servants and other agents from all costs, actions, suits or demands arising out of any damage that may occur as a result of my negligence or as a result of any breach of the terms of this enrolment form:
  - (i) To any property owned by me/the participant whilst at the Centre's premises
  - (ii) Any property owned by the Centre including any motor vehicle provided for my use including personal property.
6. I authorize the Centre or its agents to obtain such medical or hospital treatment for me as the Centre may deem necessary whilst I am participating in the driving course at the Centre and I agree to indemnify and keep indemnified the Centre and its officers, employees, contractors, servants and agents from all expenditure or costs in relation to such medical or hospital treatment together with any other costs or expenditure incurred by any ambulance, police or fire brigade attendance arising out of such treatment.

**Signature .....**      **Date.....**  
**(Participant 1)**

**Signature .....**      **Date .....**  
**(Participant 2)**

**Please complete both pages 1 and 2 and send them with your remittance to:**

**Metec Driver Training Centre  
P.O. Box 332,  
KILSYTH, Vic. 3137  
Phone: 97254758  
Melways Ref: 51 D7**

<b>Payment Method:</b> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/>
<b>CREDIT CARD DETAILS:</b> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>
<b>Card Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Expiry Date:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <b>Name on Card:</b> .....
<b>Signature:</b> ..... <b>Date:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>