



Candidate Registration Form

This form can also be completed online at www.wardadt.com/registration

Personal Details	
Full Name	
Address	
Post Code	
Mobile / Phone	
Email	
Driving Licence No. <small>Last 8 Characters Only</small>	
Licence Share Code <small>Case sensitive, get your share code from https://www.gov.uk/view-driving-licence</small>	

Vehicle Details	
Make/Model	
Registration (VRM)	
Gearbox	Manual / Automatic

Business Details (if applicable)	
Company Name	
Position Held / Title	
Address	
Post Code	

Training Required (specify below please)	
Advanced Driver Training (Half, Full and 2, 3 and 4 Days)	
Emergency Response Driving Course (Blue Lights)	
Business or Fleet Driving Assessments	
DVSA Pass Plus Course (6 Units)	
Instructor Training (ADI) Parts 1, 2 or 3 and (Fleet)	
ADI Standard Checks or Part 3 Rescue Training	
Sct.19 HSDA Emergency Response Driving Assessments	
Vehicle Familiarisation (Sports & Performance)	
Pre-Court Appearance Driver Training Course	
Electric Vehicle (EV) Driver Training Course	
Mature Driver Assessments (MDA)	
Bespoke Training Solution (Other)	

Once complete please forward to james@wardadt.com – Thank You!

Your Data and Your Privacy - In compliance with the General Data Protection Regulations and Data Protection Act 1998 upon completing this registration form you consent to providing WardADT information to contact you using the details provided. These details are will be used to make legal checks in regard to your driving licence. WardADT does not retain your information once it has been used nor will your details be passed or sold to any third party. Details are stored securely until deletion. You are entitled to know what details are stored about you and may request such information in compliance with GDPR.