# RoSPA Advanced Drivers and Riders

# Interim Test Application

### The interim test is only available to RoSPA Advanced Drivers and Rider members who wish to take a test in between the 3 yearly retest or who are going for dual accreditation.

**Contact details:**

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| **Title:** |
| **First Name:** |
| **Surname:** |
| **Membership No:** |
| **Address:** |
|  |
|  |
| **Town/City:** |
| **Post Code:** |
| **Telephone:** |
| **Email:** |
| **Date of birth: dd: mm yyyy** |
| **Where did you receive training?** |

**Vehicle:**

**Details of the Vehicle which you will use on the test**

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| **Type:** |
| **Make:** |
| **Model:** |
| **Colour:** |
| **Reg Number:** |
|  |

**The examiner will make contact to arrange the date and location of the test**

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| --- |
| **Preferred location:** |

**Group Wiltshire Drivers and Riders**

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

**1 x RoSPA Advanced Riders Test at £56.00** (including VAT)\*

**Please chose your preferred method of payment**

**Electronic Bank Transfer** (Faster Payment) ****

Sort Code **20-84-58** Account Number **80006998**

Account Name **Wiltshire RoADAR**

Please include your name and initials as the Payment Ref

**Cheque** (Made payable to Wiltshire RoADAR) ****

**Gift Aid Declaration:**

I want to Gift Aid my donation and any donations I make in the future or have made in past 4 years, to RoSPA. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid Claimed on all my donations in that tax year it is my responsibility to pay the difference. RoSPA will claim 25p on every £1 donated.

Please tick this box to declare gift aid ****

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).

I accept and understand the declaration ****

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Please ensure that we are aware of any special requirements that you need so that we can make all reasonable adjustments to help you succeed.

Holders of a photocard licence must ensure their licence is valid and up-to-date. Old style paper licences will also be accepted. Failure to produce either of these licences will result in the test being cancelled and fees will apply.

TERMS AND CONDITIONS

**Payment details**

A completed booking form indicating one of the following payment methods will denote acceptance of the cancellation clause below.

**Cheque:** A cheque drawn on a UK bank is the preferred method of payment. Cheques should be made payable to ‘RoSPA’.

**Credit card:** We are happy to accept payment by MasterCard / Visa / Amex. Please tick the appropriate Box.

**Cancellations**: If you are prevented from keeping the appointment, please let us know immediately. Cancellation of the booking or postponement will incur a cancellation charge of £35.

DATA PROTECTION ACT

Your personal data will be used by RoSPA for the purposes of providing the requested product/service.

Further information about how RoSPA use personal data and your rights can be found in our [Privacy Policy](https://www.rospa.com/help-information/privacy-policy/)

If you’d like RoSPA to keep you informed on accident prevention and safety-related matters by e-mail, telephone and post then please tick here ☐