

# Application Form

SAG01 - SAGE Assessment (COVID Interim)



Name:

Address:

Postcode:

Date of Birth:

(dd/mm/yyyy)

Mobile:

Tel:

Email:

Declaration: **Please tick the appropriate boxes below.** Don't forget to sign and date it.

- 1) I confirm that I do not suffer from any of the conditions listed in the information sheet and that I am medically fit to drive. or:
- 2) I confirm that although I suffer from a condition(s) listed on the information sheet, I have notified DVLA and have been declared medically fit to drive by my GP / Other Medical Doctor.
- 3) My Driving licence expires on: (dd/mm/yyyy)
- 4) I am happy for a member of the Road Safety Team to contact me by telephone to take a debit card payment of £16.30 only
- 5) I will inform the Road Safety Team if I am required to inform NHS Track and Trace of my contact with the assessor

**When making a debit/credit card payment over the phone, you will be asked for the following details:**

1. Card number (the long number across the front of your card)
2. Issue number (if relevant)
3. Start date (if relevant)
4. Expiry Date
5. Verification (Last 3 digits on back of card above signature)



**When COMPLETE please click the 'Submit Form' button at the top of the page.**

**Alternatively please scan or photograph and send a copy to [road.safety@durham.gov.uk](mailto:road.safety@durham.gov.uk) FAO: The Driver Training Services Officer.**

**Please call 03000 268172 between 9.00am – 3.00pm if you have any difficulties using this interim measure.**

**Signed:**

**Date:**



**For office use only**

Amount received: - £

Analysis code: MB 10004

Receipt number: -

Date received: -

Cost centre: 024611

Cashier/Receiving Officer: -

**Please return this form to Road Safety Section (Ig106) when payment process is complete**