LEARNER CAR DETAILS

Learner Name: _____

Employer: _____

Vehicle Registration: _____

Vehicle Make/Model: _____

Vehicle Colour: _____

What is your attendance pattern at GET?

Part time (1 day/wk) Full time (5 days/wk)

Other ( ) *(please circle)*

DECLARATION: I sign to confirm that I understand and accept all of the following statements:

- **It is my responsibility to inform GET if I change my vehicle or registration number**
- Littering within the parking area is a disciplinary offence
- Deliberate damage to vehicles within the parking area is a disciplinary offence
- **Parking anywhere on site other than the GET learner car park is a disciplinary offence and you may be fined.**
- As the owner of the vehicle I am using this parking area at my own risk. GET does not accept any liability to damage caused to the vehicle whilst on site.

Signed: _____

Date: _____