



TAXI DRIVERS ENGLISH ASSESSMENT TEST APPLICATION FORM

PERSONAL DETAILS

Family Name		
Given names		
Date of birth (dd/mm/yyyy)		Nationality
Gender	<input type="radio"/> Female	<input type="radio"/> Male
Address		
Suburb	State	Post code
Telephone (Home):	(Mobile):	
Email		
Driver Licence No.		

TEST DATES IN 2019 (Please choose and tick)

- | | |
|--|--|
| <input type="radio"/> Thursday, 10 January | <input type="radio"/> Thursday, 25 July |
| <input type="radio"/> Thursday, 7 February | <input type="radio"/> Thursday, 22 August |
| <input type="radio"/> Thursday, 7 March | <input type="radio"/> Thursday, 19 September |
| <input type="radio"/> Thursday, 11 April | <input type="radio"/> Thursday, 17 October |
| <input type="radio"/> Thursday, 16 May | <input type="radio"/> Thursday, 14 November |
| <input type="radio"/> Thursday, 20 June | <input type="radio"/> Thursday, 5 December |

ADDITIONAL DETAILS

Have you done the Taxi Drivers English assessment test with The College before?

YES How many times? _____

NO

I confirm I have checked that English assessment test is required for my taxi driver licence application.

Signature: _____ Date: _____

OFFICE USE ONLY

Test Fees \$175 PAID Receipt Number: _____