

	every day	several times a week
BikePlus	once a week	once a month
application form	once every few months	
Please do not send payment with this application	What situations - if any - have o	caused you difficulty while riding?
Name:	overtaking	omerging from jugations
Address:	overtaking	emerging from junctions
, near odd.	being overtaken	choosing which lane to travel in
	staying in control on bends	anticipating the actions o
Post Code;	joining or leaving a	other road users
Telephone number:	motorway or dual carriageway	other(s) please give detail
Email address:		
Date of birth:		
Driving licence number:	Signed	
Date that you passed your bike test:	Date	
Make and model of your bike:	Please complete and return this	
	The Road Safety Team, D	Derbyshire County Council

Approximately how many hours of

motorcycle training have you received to date?

How often do you usually ride? (tick one box only)

County Hall, Matlock DE4 3AG.