

BikePlus application form



Please do not send payment with this application

Name:

Address:

Post Code:

Telephone number:

Email address:

Date of birth:

Driving licence number:

Date that you passed your bike test:

Make and model of your bike:

Approximately how many hours of
motorcycle training have you received to date?

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

☐

every day

☐

once a week

☐

once every few months

☐

several times a week

☐

once a month

What situations – if any – have caused you difficulty while riding?
(tick all that apply)

☐

overtaking

☐

being overtaken

☐

staying in control on
bends

☐

joining or leaving a
motorway or dual
carriageway

☐

emerging from junctions

☐

choosing which lane to
travel in

☐

anticipating the actions of
other road users

☐

other(s) please give details

Signed

Date

Please complete and return this application in an envelope to:

**The Road Safety Team, Derbyshire County Council,
County Hall, Matlock DE4 3AG.**