



SYDNEY TRAMWAY MUSEUM

Confidential

**CREW TRAINING COURSE**  
**TRAINING APPLICATION FORM**

Date: .....

S.P.E.R. Co-Op. Soc. Ltd.,  
P.O. Box 103,  
Sutherland NSW 2232

Attention: Crew Training Co-Ordinator/training and Assessment Committee

Dear Sir,

I hereby apply to be trained as a \_\_\_\_\_ on the Society's trams in accordance with the requirements of the Board of Directors and the Rules and Regulations of the Society.

Name: \_\_\_\_\_

Membership No.: \_\_\_\_\_

BLOCK

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

LETTERS

Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Bus) \_\_\_\_\_

PLEASE

(Mobile): \_\_\_\_\_ (Fax) \_\_\_\_\_

**If you hold a current motor vehicle or other Driver's/Operator licence, please give details:-**

Type: \_\_\_\_\_ Class (A, B or other): \_\_\_\_\_

Licence Number: \_\_\_\_\_ Date of Expiry : \_\_\_\_\_

Any restrictions: \_\_\_\_\_

Other details: \_\_\_\_\_

Previous Museum Authorisation (if any): \_\_\_\_\_

If so, when did it expire: \_\_\_\_\_

Why did it expire: \_\_\_\_\_

Signature: \_\_\_\_\_

OFFICE USE ONLY

Application Received: \_\_\_\_\_ Training Commenced: \_\_\_\_\_

Training Number: \_\_\_\_\_ -