			1.				1/5/7				
Either co	mplete the oriate) or all	session nu the boxe	mber box s below	Date			Accompanying driver's surname and licence no or assessor's no:				
GVM (kgs)	Vehicle registration number		Gearbox Activity type		Instructor Start time type		Show all training and/or assessment				
Body	Trailer régistration number		* see below	* see below	* see below	End time	(Show all competencies assessed regardless of the result)				
()	Optional (ompletio				فينتمان المرابي الأرابات	vays to be completed				
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Your personal driver training and assessment record continued

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 Using this table, circle the appropriate type in your personal driver training record

Gearbox type	Activity type	Instructor type					
M = Manual	I = Instruction	P = Private					
S = Synchromesh	E = Experience	DI = Driving instructor					
A = Automatic	AS = Assessment	DIA = Driving instructor/assessor					