



# CARE OF POLICE SURVIVORS

*'Rebuilding Shattered Lives'*



## Jim McNulty Memorial Fund Driving Lessons

PLEASE COMPLETE ALL FIELDS

APPLICANT	
Full Name: _____	Age: _____
Date Of Birth: _____	
Address: _____ _____	
Post Code: _____ Phone: _____	
Mobile: _____	

PLEASE NOMINATE A DRIVING SCHOOL OF YOUR CHOICE

DRIVING SCHOOL	
Name: _____	
Address: _____ _____	
Post Code: _____	Phone: _____
Mobile: _____	Cost for 10 Lessons £ _____

PLEASE COMPLETE ALL FIELDS

OFFICER	
Name: _____	
Force: _____	Date Of Death _____

Please return the completed application form, including a copy of the applicant's Birth Certificate to:

**COPS (Driving Lessons)**  
**The Hexagon Centre**  
**Curborough Hall Farm**  
**Watery Lane**  
**Curborough**  
**Lichfield**  
**WS13 8ES**