

Confidential when completed

Halesworth Area Community Transport

Drivers Registration Form

Personal Details

Name Mr/Mrs/Miss/Ms: Date of Birth:

Home Address:

.....Post Code:

Telephone No (day): Telephone No (evening):

Mobile:Email Address:

I am available Occasionally/Regularly.

Licence and Driving Details

Driving Licence Number:Date Issued:

Groups:.....Date of Expiry:

Year passed test:..... Full Licence? Yes/No Endorsements:

If you answer 'yes' to any of the following questions, please give details in the space below.

a	Have you been convicted during the last five years of any offence in connection with a motor vehicle?	Yes / No
b	Have you ever been disqualified from driving?	Yes / No
c	Have you prosecutions or police enquiries pending for motor offences?	Yes / No
d	Have you ever had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions 'imposed'?	Yes / No
e	Have you been involved, as a driver, in an accident in the last five years regardless of fault?	Yes / No
f	Have you currently, or have any history of, any condition or disability which may affect your ability to drive safely now or in the future? If in doubt, please declare any condition or disability.	Yes / No
g	Are you currently taking any medication which may affect your driving ability?	Yes / No
h	Have you ever resided outside the United Kingdom or the Republic of Ireland for three years or more?	Yes / No
i	Have you any additional licences, e.g. HGV or PCV?	Yes / No

Reference item

Reference item

References

Name Mr/Mrs/Miss/Ms:

Address:

..... Post Code:

Name Mr/Mrs/Miss/Ms:

Address:

..... Post Code:

Convictions

If you are transporting or are otherwise connected with children, the elderly, those suffering from mental disorders, serious illness, dependence on alcohol or drugs, the blind, deaf or dumb and those who are substantially and permanently handicapped by illness, injury or congenital deformity, you must always declare any convictions for criminal offences. For other work, only those convictions which have not been 'spent' need be declared.

Details of Convictions (state 'nil' if appropriate)

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In addition, for work with access to children we may need to check your details with the Police. If necessary, you will be required to sign a separate authorisation to this effect.

Declaration

I declare that the details given are correct, and that within my knowledge, there is no other material fact which should be disclosed. I agree to exercise all due care for the safety of my passengers and the security of my vehicle whilst it is my charge and I will also undertake to inform of any accident that occurs while I am responsible for the vehicle. I understand it is an offence under the Road traffic Act knowingly to make a false statement to obtain insurance cover.

I undertake to advise of any subsequent illness, condition or event which might affect my suitability as a minibus driver and including any subsequent refusal of motor insurance, loss of Licence or any driving convictions. I understand failure to do so and any false declarations made above may render the insurance cover for a vehicle invalid and that I may then be held personally responsible to pay the costs or damages.

I understand that any information that may come into my possession in the course of my duties must be treated in the strictest confidence and may not be disclosed to anyone outside the scheme without express permission.

Signature of Driver: Date:

