

DRIVER REGISTRATION FORM

CONFIDENTIAL

Personal Details

Full Name	<input type="text"/>		
Organisation	<input type="text"/>		
Home Address	<input type="text"/>		
Postcode:	<input type="text"/>		
Tel. No. (day)	<input type="text"/>	Tel. No. (eve)	<input type="text"/>
Mobile	<input type="text"/>	Date of Birth	<input type="text"/>
Email address	<input type="text"/>		

Licence and Driving Details

Driver Licence Number	<input type="text"/>
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All drivers must hold a licence with a **D1 entitlement**. You will need to supply us with a copy of the licence **together with a 'check code'** available from the DVLA.

Date Issued	<input type="text"/>	Date Expires:	<input type="text"/>
Full Licence?	<input type="text" value="YES/NO"/>	Years since passed test	<input type="text"/>
Licence Groups	<input type="text"/>		

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

Have you been convicted during the past 5 years of any offence in connection with a motor vehicle?	YES/NO
<input type="text"/>	
Have you ever been disqualified from driving?	YES/NO
<input type="text"/>	
Do you have prosecutions or police enquiries pending for motoring offences?	YES/NO
<input type="text"/>	

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Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions 'imposed'?	YES/NO
Have you been involved as a driver in an accident in the last five years regardless of fault?	YES/NO
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, declare any condition or disability.	YES/NO
Are you currently taking any medication which may affect your driving ability?	YES/NO
Have you resided outside the United Kingdom or the Republic of Ireland for at least 3 years?	YES/NO
Have you any additional licences eg HGV or PCV?	YES/NO

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 the vehicle whilst it is in my charge and I also undertake to inform of any accidents that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act to knowingly 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 or any driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle invalid and that I may then be held personally responsible to pay costs or damages. I understand that all information will be treated in the strictest confidence.

I confirm that I have read the **MILTON SCOUT GROUP MINIBUS - MINIBUS HIRE POLICY** and agree to be bound by the terms and conditions.

Signature of Driver

Date