****CARTMELL COMMUNITY MINIBUS LTD.

DRIVER REGISTRATION FORM

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: - |  | Tel Home) |  |
| Address: - |  | Tel (Mobile) |  |
|  | | Post Code |  |

|  |
| --- |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Driving Experience:

# Licence check code, obtainable from the DVLA web site <https://www.gov.uk/view-driving-licence>

**--------------------------------------------------------------**

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| --- | --- | --- | --- | --- | --- |
| Licence No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years held \_\_\_\_\_\_\_\_\_ month/year of birth \_\_\_\_\_\_\_\_\_\_\_\_  Do you have any endorsements? YES / NO \* | | | | | |
| If YES Give Year & Details | | | |  | |
| Have you had any convictions in the past 5 years for an offence in connection with a motor vehicle? YES / NO \* | | | | | |
| If YES Give Year & Details | | |  | | |
| Are there any Prosecutions pending? YES / NO \* | | | | | |
| If YES Give Details as on Licence | | | | |  |
| Have you ever been refused motor insurance? YES / NO \* | | | | | |
| If YES give Details | |  | | | |
| Have you been involved as driver in an accident in the last 5 years? YES / NO \* | | | | | |
| If YES Give Details |  | | | | |
| Please give details of relevant driving experience & any additional licences held (HGV, PSV Etc.) | | | | | |
|  | | | | | |
|  | | | | | |
| General Health: - Give details of any condition or disability you have or have had which would affect your ability to drive safely now or in the future. (See over for examples) | | | | | |
|  | | | | | |
|  | | | | | |

# Organisation Details

|  |  |
| --- | --- |
| For which of our member groups will you be driving? |  |

Would you be available, occasionally, to drive for other groups? YES / NO \*

. \*

*Please sign page 2 and attach to this page*

# Declaration

I declare that the details given overleaf are correct to the best of my knowledge. I agree to exercise all due care for the safety of my passengers and the security of the vehicle whilst in my charge. I understand that it is an offence under the Road Traffic Act knowingly to make a false statement to obtain insurance cover. I undertake to inform THE DIRECTORS, CARTMELL COMMUNITY MINIBUS LTD, of any subsequent illness, condition or event which might affect my ability to drive a minibus owned by the company and also of any subsequent refusal of motor insurance, or 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 I may be held personally responsible to pay costs or damages. I also undertake to notify the Company of any accident that occurs whilst I am responsible for one of the company’s vehicles. I understand that all information given will be treated in the strictest confidence.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Driver: |  | Date |  |

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**OFFICE USE ONLY**

Licence checked by: -…………………………… Signature………………………. Date……………….

Reference (1) requested: - Date………………… Reference received: - Date………………

Reference (2) requested: - Date………………… Reference received: - Date……………….

Driver assessed YES / NO: - Date………………...Assessor……….…………………………………….

Driver approved & registered YES / NO Signature………………………………… …………….

If NO, Why not? ………………………………… ……………………………………………………………

……………………………………………………………………………………………………………………

Driver Group informed YES / NO Signature……………………………………… Date……………….

**Change of circumstances: - Details**…………………………………………………………………………

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Driver still approved YES / NO Signature……………………………… Date……………….

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Examples of conditions and disabilities that should be reported (not comprehensive) – taken from form D100 issued by DVLC: -

Giddiness Fainting Blackouts

Epilepsy Diabetes Stroke

Multiple sclerosis Parkinson’s disease Heart Disease

Angina Coronaries High blood pressure

Arthritis Disorder of vision Mental illness

Alcoholism Cardiac pacemaker Drug taking

Loss of use of limb

Return to: Jonathan Barstow, Harcombe, The Hill, Little Somerford, Chippenham, SN15 5BQ

[cartmellminibus@gmail.com](mailto:cartmellminibus@gmail.com) 01666 822651

Personal details of the officers/drivers nominated by the organisation requesting use of the minibus will be stored electronically in password protected files and/or on paper in a secure location. This data will be used primarily to enable communications that facilitate the vehicle’s hire and only put to other legitimate purposed necessary for the sound management of the CCMinibus in accordance with our Privacy Policy (available on request).