CONFIDENTIAL

# Personal Details

Full Name

Organisation

Home Address

Postcode:

Tel. No. (day) Tel. No. (eve)

Mobile Date of Birth

Email address

# Driving Licence Details

Driving Licence Number

Please supply a copy of your driving licence (front and back) together with a 'check code' available from the DVLA.

**Please answer the following questions**

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| Have you had any motoring convictions, driving licence endorsements or fixed penalties in the last five years? | YES / NO |
| Have you ever been disqualified from driving? | YES / NO |
| Have you had an insurance proposal or renewal refused, cancelled, declined or had special terms 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 had any prosecutions or have any police enquiries pending for motoring offences? | YES / NO |
| Have you ever been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings? | YES / NO |
| Have you ever had a county court judgement awarded against you? | YES / NO |
| Have you ever been disqualified from holding company directorship? | YES / NO |
| Have you ever been served with a prohibition or improvement order under Health and Safety legislation? | YES / NO |
| Have you ever been convicted of, charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare or Environmental Protection legislation? | YES / NO |
| Have you ever been the subject of a recovery action by Customs and Excise or the Inland Revenue? | YES / NO |
| Do you currently have, or have you any history of, any medical 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 |
| Have you Resided outside the United Kingdom or the Republic of Ireland for at least 3 years? | YES / NO |
| Are you currently taking any medication which may affect your driving ability? | YES / NO |

**\**If you have answered ‘yes’ to any of the above questions, then please give details in the space below***

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**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 understand that Milton Scout Group may forward the details on this form to its insurer.

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

**Signature of Driver Date**