CONFIDENTIAL

# Personal Details

Full Name

Organisation

Home Address

Postcode:

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

Mobile Date of Birth

Email address

# Licence and Driving Details

Driver Licence Number

You will need to supply us with a copy of the licence **together with a 'check code'** available from the DVLA.

**YES/NO**

Date Issued Date Expires:

Full Licence? Years since passed test

Licence Groups

Please answer the following questions.

|  |  |
| --- | --- |
| **Have you:** |  |
| Had any motoring convictions, driving licence endorsements or fixed penalties in the last five years. | **YES/NO\*** |
| Had an insurance proposal or renewal refused, cancelled, declined or had special terms imposed. | **YES/NO\*** |
| Ever been disqualified from driving? | **YES/NO\*** |
| Any prosecutions or police enquiries pending for motoring offences? | **YES/NO\*** |
| Been involved as a driver in an accident in the last five years regardless of fault? | **YES/NO\*** |
| 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\*** |
| Resided outside the United Kingdom or the Republic of Ireland for at least 3 years? | **YES/NO\*** |
| Any additional licences eg HGV or PCV? | **YES/NO\*** |
| **Are you:** |  |
| Currently taking any medication which may affect your driving ability? | **YES/NO\*** |
| **\**If you answer ‘yes’ to any of the above questions, then please give details in the space below***  |  |
|  |  |

**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**