

Driver Registration Form

Please tick desired course:

Standard Induction	<input type="checkbox"/>
Advanced Induction	<input type="checkbox"/>
Standard Refresher	<input type="checkbox"/>
Advanced Refresher	<input type="checkbox"/>



Confidential

Personal Details

Full Name:

Organisation:

Home Address:

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..... Postcode:

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

E-mail: Date of Birth:

Licence and Driving Details

Driver Number:

Licence Valid From: To:

Full Licence (Y/N): Licence Groups:

If you answer 'YES' to any of the following questions, then please give details in the space provided

Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? YES/NO

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Are there any endorsements on your driving licence? YES/NO

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Have you ever been disqualified from driving? YES/NO

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Have you any prosecutions or police enquiries pending for motoring offences? YES/NO

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Have you ever had a motor insurance policy declined, cancelled or been refused Renewal or had any special conditions 'imposed'? YES/NO

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Have you been involved as a driver in a collision in the last five years, regardless of fault? YES/NO

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Have you currently, or have any history of, any conditions or disability that may affect your Ability to drive safely now or in the future? If in doubt, declare any condition or disability. YES/NO

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Are you currently taking any medication, which may affect your ability to drive? YES/NO

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Have you resided outside the United Kingdom or the Republic of Ireland for at least 3 years? YES/NO

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Have you any additional driving entitlement eg LGV or PCV? YES/NO

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Please read and sign the following declaration

I declare that the details given are correct and that within my knowledge, there is no other material fact that I should disclose. I agree to exercise all due care for the safety of my passengers and security of the vehicle whilst it is in my charge. I also undertake to inform of any collision or accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act 1988 to knowingly make a false statement to obtain insurance cover.

I undertake to advise of any subsequent illness, condition or event that might affect my suitability as a driver, 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.

Signature of Driver Date

CHANGE OF CIRCUMSTANCES

Details

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Signature of driver Date