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| --- | --- |
| Minibus Usage  Driver Registration |  |

This form must be completed for every driver who will be driving the vehicle during the booking. A new form should be submitted for each time you book the minibus.

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| DOB: |  | Group: |  |
| Email: |  | Phone: |  |
| Address: |  | | |

Driving Licence Details

|  |  |  |  |
| --- | --- | --- | --- |
| Licence Number: |  | | |
| Date Issued: |  | Expiry Date: |  |
| Date Passed Test: |  | Driven a minibus or similar van before: | Yes / No |
| DVLA Check Code\*: |  | Printout Included: | Yes / No |

\*The DVLA check code allows us to check your driving record and is standard practice when hiring a vehicle. A copy of the DVLA printout must be sent with this form to the Minibus Manager. This can be accessed at [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) .

Driver History Details

If you answer ‘yes’ to any of the following questions, please give details in the space required:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you been convicted during the past 5 years of any offence in connection with a motor vehicle or have any points on your licence? |  |  |
| At any point have you been disqualified from driving? |  |  |
| Have you any prosecutions or police enquiries pending for motoring offences? |  |  |
| Do you currently, or have any history of, any condition or disability which may affect your ability to drive safely now or in the future? |  |  |
| Are you currently taking any medication which may affect your driving ability? |  |  |

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| --- |
| Any Details: |

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 you of any accident 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 liable to pay costs or damages. I understand that all information will be treated in the strictest confidence.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

To be completed by the Minibus Manager

Held Licence for 2+ Years: ⬀

25 or over and under 70: ⬀

Checked DVLA Code: ⬀

All information Correct: ⬀

No Motoring Convictions, Disqualifications, Medical Reasons or Points on Licence: ⬀

Eligible to Drive Minibus: Yes/No