**Market Weighton Scout Group**

**Minibus Driver Registration Form**

**CONFIDENTIAL**

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| **Personal Details** | |
| Full Name |  |
| Organisation |  |
| Home Address |  |
| Postcode |  |
| Tel No (Day) |  |
| Tel No (Eve) |  |
| Mobile No |  |
| Date of Birth |  |
| E-mail Address |  |
| **Licence and Driving Details** | |
| Driving Licence Number | *(Please attach a photocopy of the front & back of your Driving Licence including the Endorsements page if available)* |
| DLVA Check Code *(available from www.gov.uk/view-driving-licence)* |  |
| Date Issued |  |
| Date Expires |  |
| Full Licence |  |
| Year Test Passed |  |
| Licence Groups |  |
|  | *If you answer ‘yes’ to any of the following questions, then please give details in the space below each question.* |
| Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? | **YES/NO** |
| Have you ever been disqualified from driving? | **YES/NO** |
| Have you prosecutions or police enquiries pending for motoring offences? | **YES/NO** |
| Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions ‘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 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** |
| Are you currently taking any medication which may affect your driving ability? | **YES/NO** |
| Have you resided in the United Kingdom for less than 5 years? | **YES/NO** |
| Have you any additional licenses  eg HGV or PCV? | **YES/NO** |
| **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 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. | |
| I confirm that I have read the **Market Weighton Scout Group Minibus User Policy** and agree to be bound by its terms and conditions**.** | |
| **Signature of Driver** |  |
| **Date** |  |

Please return completed form to: [mwscouts@btinternet.com](mailto:mwscouts@btinternet.com)

or by post to 10 Cliffe Road, Market Weighton, York, YO43 3BN.