



## Driver Registration Form

Dealing with vulnerable people we are required to carry out certain checks on our volunteers. Please answer the following as fully as possible and return the form to Contact88 Tozer Way, Chichester. West Sussex PO19 7LG. Tel: 01243 531988

### **PERSONAL DETAILS**

Full Name:..... Tel No.:.....

Mobile No..... Email.....

Address:.....

.....

Post Code:..... Date of Birth.....

DISCLOSURE: Contact88 reserves the right to carry out a CRB check on its volunteers. Are there any matters that might affect your suitability to work with Vulnerable adults? YES / NO. If YES please provide details:

### **DRIVING DETAILS**

Licence No.:..... Date Issued:..... Expiry Date.....

Group Entitlement:..... Years Held.....

Do you have any current licence endorsements YES/NO

If yes please provide details incl year/s.....

Have you had any driving convictions in the past 5 years YES/NO

Are there any prosecutions pending? YES/NO If YES please give details.

.....  
Have you ever been refused motor insurance? If YES please give details:

.....  
Have you been involved as a driver in an accident in the past 5 years YES/NO. If YES please give details

.....  
.....

Please give details of any additional licences held (eg HGV,PSV).....

**GENERAL HEALTH:**

Do you have, or have you ever had a medical condition that is notifiable to the DVLA that has or could affect your ability to drive? YES/NO. If YES please provide details:

.....  
.....

Do you have any health issues that may affect your ability to assist our elderly or disabled passengers? YES/NO If YES please provide details:

.....  
.....

**AVAILABILITY**

Which organization will you normally be driving for...Contact 88 or other.....  
Would you be prepared to drive for other groups? YES/NO.

Times normally available Morning [  ] Afternoon [  ], Evenings, [  ] Weekends [  ] (Please tick)

**DECLARATION**

I declare that the details given are correct to the best of my knowledge.  
I understand that the roadworthiness security and safety of the vehicle whilst in my care will be my responsibility.  
I understand that it is an offence to knowingly make claims in order to secure insurance cover.  
I agree to notify the Operations Manager of any change in circumstances which may affect my ability to drive a minibus. I understand that failure to do so, or to make any false declaration, may render the insurance cover for the vehicle invalid and in such circumstances I may be held personally responsible for any costs incurred.

The following person is prepared to act as Referee and is willing to be contacted by Contact88:

Name: ..... Contact number:.....

Signature ..... Date .....

FOR OFFICE USE ONLY

Licences checked by..... Date.....

Introductory Drive by:.....Date.....

Vehicle Briefing by.....Date.....

Wheel chair securing and handling, passenger and safety procedure brief  
by.....Date.....

WSCC Driving Permit No.....Date.....

EXPIRY Date (3 years) .....

AGE LIMIT REACHED : .....

CRB check YES/NO

CRB Certificate No ..... Dated.....

REFEREE checked by: ..... Date.....

1. First outing accompanied by:.....Date.....
2. Second outing accompanied by (where appropriate):.....Date.....
3. Approved for solo outings:.....Date.....

Drivers Guide & H&S documents issued.....Date.....

[Elements 1 and 2 may be undertaken by the Operations Manager, Vehicle Manager or other suitably qualified driver assigned by the above Managers. Element 3 can only be approved by the Operations Manager or Vehicle Manager].