

Lothians Conservation Volunteers

CONFIDENTIAL Minibus Driver Details

NAME **DOB**

ADDRESS

.....

EMAIL

HOME PHONE **MOBILE**

LICENCE NUMBER

DATE PASSED.....**EXPIRES**

D1 PERMIT?..... **DATE PASSED**

PHOTOCARD CHECKED

SIGNED **DATE**.....

DVLA LICENCE RECORD CHECKED ONLINE

SIGNED **DATE**.....

Your Driving, Medical & Insurance History (in Confidence)

1. Details of any convictions, pending prosecutions for motoring offences or periods of ban within the last 5 years

2. Details of any accidents whilst driving in the last 3 years (regardless of any insurance claim).

3. Do you suffer from a condition that could affect your ability to drive or of which you are required to inform the DVLA e.g. diabetes, epilepsy, (uncorrected) defective hearing or vision, heart condition or any other physical or mental disability, infirmity or disease? Please provide full details.

4. Have you ever been fined in excess of £100 in connection with any motoring offence?

5. Have you ever had any motor vehicle insurance you hold or have held, declined, cancelled or refused at normal terms?

Your Declaration

You must provide all material information likely to influence our insurance cover. If in doubt, please disclose.

You must inform the LCV Minibus Officer or other Committee member **immediately** of any changes that occur relating to your licence. Including convictions, penalty points, restrictions and bans, and also any change of address or medical fitness to drive, (both of which must also be notified to the DVLA). Failure to comply may invalidate our insurance.

I declare that the above information is accurate in every detail, and that I will inform LCV of changes to my licence or fitness to drive. I will provide LCV with a DVLA generated check code for verifying my licence record.

Signed..... Date.....