



# Ramsbury Community Transport

## Driver Information Form

**Completion of this form is essential to be properly insured. Please carefully read and complete this form and return it before confirming your hire of the Ramsbury Flyer. We cannot confirm any hire before receiving it.**

### Personal Details

Full Name:			
Organisation if applicable:			
Home Address (this must be the address shown on your licence):			
Postcode:			

Tel No (day)		Tel No (eve):	
Mobile No		Date of Birth:	
Email:			

### Licence and Driving Details

**Please note: Any driver 70 or over MUST hold a current D1 Driving licence. No driver of the bus must have more than 3 points on their licence.**

Driver Licence Number			
Licence Valid From		To	
Full Licence (Y/N)		Licence Groups	
DVLA Check Code			

Please answer the following questions. *If you answer 'YES' to any of the following questions then please give details in the space next*

Have you ever been disqualified from driving?	YES / NO	
Have you any prosecutions pending or police enquiries pending for motoring offences?	YES / NO	
Have you been convicted of, or have a prosecution pending in respect of a criminal offence <u>other than a motoring offence</u> ? (spent convictions do not need to be declared only unspent)	YES / NO	

Have you had a motor insurance policy declined, cancelled or been refused renewal or had special conditions imposed?	YES / NO	
As a driver of any vehicle, have you been involved in an accident in the last five years regardless of fault, that was reported by you or a third party to an insurer? If yes, please provide the date of the incident.	YES / NO	
Have you currently, or have you any history of, any medical condition or disability which may affect your ability to drive safely now or in the future? If in doubt, please declare any condition or disability.	YES / NO	
Are you currently taking any medication which may affect your driving ability?	YES / NO	
Do you hold any additional licences e.g. 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. I also undertake to inform **Ramsbury Community Transport CIO** 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 inform **Ramsbury Community Transport CIO** prior to driving the bus of any illness, **medical** condition, additional points or other **circumstances** which might affect my suitability as a driver including **any refusal** of motor insurance or any convictions or prosecutions pending. 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
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**CHANGE OF CIRCUMSTANCES SINCE LAST LICENCE CHECK**

Details	
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Signature of Driver		Date
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