CAR SCHEME NAME

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| --- | --- |
| Driver Name: |  |
| Address: |  |
| Telephone Numbers: | Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: |  |
| Date of Birth: |  |
| Driver Checks | Valid Driving Licence? Yes / NoPoints on Licence? Yes / No *If yes how many*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid Car Insurance? Yes / No(This must include the insurance company being made aware of voluntary driving)Valid MOT? Yes / No(If the vehicle is older than 3 years)Declaration of health issues – are there any medical conditions or medication being taken that would affect their ability to safely drive Yes / No*If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Vehicle Details: | Make and model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle and Driver Restrictions: | Please tick boxes that apply to you:* Unable to accommodate larger mobility aids (e.g. Zimmer frame, folding wheelchair)
* Unable to assist with lifting (passenger/passenger belongings)
* No pets
* No evening appointments
* Others *(please list):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I agree to advise the car scheme secretary if any of the above details change |
| Signed: |  |
| Printed: |  |
| Date: |  |

 DRIVER ENROLMENT FORM