CAR SCHEME NAME

|  |  |
| --- | --- |
| Driver Name: |  |
| Address: |  |
| Telephone Numbers: | Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: |  |
| Date of Birth: |  |
| Driver Checks | Valid Driving Licence? Yes / No  Points 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