

Approved Driver Application Form

Your Details

Surname

First Name(s)

CID Number

Email Address

Mobile Phone Number

Driving Licence Number

Driving Licence Country of Issue

Date of passing category B (car) manual driving test

Have you ever been disqualified from driving? If yes please provide details

Do you have (or have pending) any conviction in connection with a motor vehicle during the last three years? If so please provide details of the offence and sentence.

Do you have any current endorsements (penalty points) on your Driving Licence? If yes please provide details

Do you have any restrictions placed on your driving Licence by the DVLA? If yes please provide details

Has a Company or Underwriter refused you insurance or imposed any special terms or conditions? Provide details if so

Do you have (or have any recent history of) defective vision or hearing (not corrected by glasses or contact lenses or hearing aid) or diabetes or physical or mental infirmity or fits of any kind or other medical condition which may effect your ability to drive? If yes please give details.

Have you ever been involved in ANY accident or losses (whether you were to blame or not) in connection with any motor vehicle owned or driven by yourself in the last three years? If yes please give details of dates, circumstances and cost of damage.

Are there any other details you feel would be relevant to your application to drive ICU Minibuses?

Declaration

I confirm that I am aged 21 or more and have held a full UK/EU category B (car) Manual Driving Licence for two years or more. I hereby certify that the information given on this form is correct and I agree to the conditions of use as laid down by the ICU Executive Committee and discussed in the Minibus Driving Booklet. I agree to keep up to date with changes in the operational procedures surrounding minibuses, which will be provided by email. I agree to undertake to pay any fines and charges arising from use of ICU Minibuses. I also agree to any further conditions that the ICU Executive Committee may impose provided that I receive due notice of these before I drive an ICU Minibus. I understand that this application to become an ICU Approved Driver may be referred to the ICU Executive Committee. I understand that if this application to become an ICU Approved Driver is successful then driving status will last for three years in the first instance.

Signature

Date

Office use only - Application to Drive

Membership Services Staff member name

Signature

Date

For Executive Committee Approvals - Meeting Date

Office use only - Practical Assessment

Driving Licence examined and complies with regulations

Competence to drive an ICU Minibus proven

Driver Number

Assessor Name

Signature

Date