To be completed by Volunteer

|  |
| --- |
|  |
| Name |  |
| Role |  |
| Date |  |
|  |
| **Driving Licence Check** |
| Driving Licence Number |  |
| National Insurance Number |  |
| Date of Birth (Age)  |  |
| Date of passing a manual driving test |  |
| For FFBC to complete | DVLA Check Code(go to [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence)) |
| Do you have any un-spent driving convictions? | **Yes / No** If yes, please give details: |
| **Vehicle Insurance** |
| Have you ever had insurance refused? | **Yes / No** If yes, please give details: |
| Have you ever made an insurance claim? | **Yes / No** If yes, please give details: |
| **Criminal Convictions** |
| Have you ever been convicted of a criminal offence? | **Yes / No** If yes, please give details: |
| **Medical Information** |
| Do you take any medication that may affect your ability to drive a vehicle? | **Yes / No** If yes, please give details: |
| Do you have any medical conditions that may affect your ability to drive a vehicle? | **Yes / No** If yes, please give details: |
|  |
| **Familiarisation Training** |
| Fair Frome Van Registration Number:----------------------------------- | Signed: ………………………………………. Date: (Employee)Signed: ………………………………………. Date: (Line Manager) |
| Test Drive Completed | Signed: ………………………………………. Date: (Employee)Signed: ………………………………………. Date: (Line Manager) |

**Declaration:**

I agree to comply with all Fair Frome Policies relating to use of company vehicles

I agree to Fair Frome carrying out a Driving Licence check at the start of my period of volunteering, and annually thereafter.

I agree to Notify Fair Frome of any change in my circumstances which may affect my status as an authorised driver.

Signed: ………………………………………………………. Date:

(Employee)

Signed: ………………………………………………………. Date:

(Line Manager)