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)