

Back FRC – Back Community Minibus Driver Declaration

Hi

.....(organisation name) have asked us to add you to our insurance so you can drive the community minibus for their bookings.

Before we are able to confirm insurance cover and approve you as a driver we need some details about your driving licence and driving history. This information will be treated in the strictest of confidence and will not be shared with your club or anyone other than our insurers.

Please take time to make sure you complete this form accurately as any incorrect information will invalidate our insurance and could result in criminal prosecution.

Please return your completed form to [backfrc@gmail.com](mailto:backfrc@gmail.com) If you think you have been nominated in error or do not wish to register as a driver please let us know and we will remove your details from our records.

Thank you.

<p><b>1) GROUP/CLUB/ORGANISATIONS YOU WISH TO DRIVE FOR:</b></p> <p>NOTE: You can apply to drive for more than one group. Please list all that apply.</p> <p>(Each group must complete a corporate membership form – which can be downloaded from our website and can be submitted at the same time as this declaration if they have not already registered.)</p>	<p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>
<p><b>2) FULL NAME</b> (as written on your driving licence)</p>	
<p><b>3) DATE OF BIRTH</b> (You must be aged 25 or over to drive the minibus)</p>	
<p><b>4) FULL ADDRESS</b></p>	
<p><b>5) EMAIL ADDRESS</b></p>	
<p><b>6) PHONE NUMBER</b></p>	
<p><b>7) DRIVING LICENCE NUMBER</b></p>	
<p><b>8) DATE LICENCE OBTAINED</b></p>	

<p><b>9) ARE YOU A PAID EMPLOYEE FOR ANY OF THE GROUPS LISTED AT Q1</b></p> <p>If yes please tell us which. (As a volunteer you are permitted to drive a minibus on a standard driving licence, however if you are a paid employee you will need to complete a MIDAS course to drive the minibus.)</p>	<p>YES/NO</p>
<p><b>9b) DO YOU HAVE A VALID MIDAS CERTIFICATE</b></p>	<p>YES/NO</p>

<b>10) IN THE LAST 5 YEARS HAVE YOU:</b>	
<b>10A) HAD ANY ACCIDENTS/CLAIMS/LOSSES (WHETHER TO BLAME OR NOT) IN CONNECTION WITH ANY MOTOR VEHICLE?</b>	YES/NO
<b>10B) BEEN CONVICTED OF ANY MOTORING OFFENCE (INCLUDING FIXED PENALTIES), BEEN DISQUALIFIED FROM DRIVING OR ARE THERE ANY PROSECUTIONS PENDING?</b>	YES/NO
<b>10C) BEEN CONVICTED OR HAVE PENDING CONVICTION FOR ANY NON-MOTORING OFFENCE?</b>	YES/NO
<p><b>IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS.</b></p> <p>If you are unsure whether to include something or wish to discuss any of the above in confidence please call us on 07497925905.</p>	

<b>11) HAVE YOU EVER HAD AN INSURANCE POLICY REFUSED/DECLINED, CANCELLED/VOIDED OR ANY SPECIAL TERMS IMPOSED?</b>	YES/NO
If yes please provide details	

<b>12) DO YOU SUFFER A DISABILITY OR MEDICAL CONDITION THAT MUST BE DISCLOSED TO THE DVLA?</b>	YES/NO
If yes please provide details	

<b>13) IS THERE ANYTHING ELSE YOU THINK YOU SHOULD TELL US THAT MIGHT AFFECT OUR ABILITY TO INSURE YOU TO DRIVE THE MINIBUS?</b>	
--	--

Signed: \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_