



Volunteer Driver Declaration Form

Driver details			
First Name:		Surname:	
Insurance			
Have you had an insurance proposal declined, a policy cancelled, been required to pay an additional premium or had special conditions imposed by a motor insurer?	YES / NO	If yes, please provide details:	
Driver's Medical Details for Fitness to Drive			
Do you have a DVLA notifiable condition? <small>A list can be found here – www.gov.uk/health-conditions-and-driving</small>	YES / NO	If yes, have you reported the condition to DVLA and have you received approval to drive with no restrictions?	YES / NO
Do you need to wear corrective glasses / lenses for driving?	YES / NO	If yes, have you had your eyesight examined within the past 2 years?	YES / NO
Do you take medicines or prescribed drugs that may induce drowsiness or otherwise impair your driving?	YES / NO	If yes, are you willing to take a medical examination by your doctor to confirm your fitness to drive?	YES / NO
Driving Licence Details			
Driver licence number and type		Groups / Categories	
Valid	From:	To:	Country of Issue
Date driving test passed		No. of years you have held full licence	
Details of any traffic convictions (please also include any that are pending)			
Date	Offence	Offence Code	Fine / penalty points / disqualification / pending offence
Details of any traffic accidents regardless of blame			
Date	Brief Details		
<p>I confirm that the above information is a true and accurate record to the best of my knowledge at the time of completing this form. I agree to inform the Chair if these details change.</p>			
Signed:		Date:	