



RN 57

Beavers

1st Clifton (York) Sea Scout Group

Cub Scouts

Sea Scouts



Explorer Scouts

DRIVER REGISTRATION FORM

PERSONAL DETAILS	
FULL NAME	
ORGANISATION (if applicable)	
HOME ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	

LICENCE DETAILS	
DRIVING LICENCE NUMBER	
DLVA Check Code	
ISSUE DATE	
EXPIRY DATE	
YEAR TEST PASSED	
LICENCE GROUPS	

Please attach a photocopy of your Driving Licence including the Endorsements page if available.

DLVA Check Codes can be obtained from www.gov.uk/view-driving-licence.

V 10.2019

ADDITIONAL INFORMATION	
Have you been convicted during the past 5 years of any offence in connection with a motor vehicle?	YES / NO
Have you ever been disqualified from driving?	YES / NO
Do you have any prosecutions or police enquiries pending for motoring offences?	YES / NO
Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions 'imposed'?	YES / NO
Have you been involved as a driver in an accident in the last five years regardless of fault?	YES / NO
Have you currently, or do you have any history of, any condition or disability which may affect your ability to drive safely now or in the future? If in doubt, declare any condition or disability.	YES / NO
Are you currently taking any medication which may affect your driving ability?	YES / NO
Have you resided in the United Kingdom for the past 5 years?	YES / NO
Do you have you any additional licences e.g. HGV or PCV?	YES / NO
<i>If you have answered 'Yes' to any of the questions above, please provide details.</i>	

DECLARATION

I declare that the details given are correct and that within my knowledge, there is no other material fact which should be disclosed. I agree to exercise all due care for the safety of my passengers and the security of the vehicle whilst it is in my charge and I also undertake to inform of any accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act to knowingly make a false statement to obtain insurance cover.

I undertake to advise of any subsequent illness, condition or event which might affect my suitability as a Group vehicle driver and including any subsequent refusal of motor insurance or any driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle invalid and that I may then be held personally liable to pay costs or damages. I understand that all information will be treated in the strictest confidence.

I confirm that I have read the 1st Clifton (York) Sea Scout Group Vehicle Usage Policy and agree to be bound by its terms and conditions.

SIGNED	DATE