

# TOWER HAMLETS COMMUNITY TRANSPORT MiDAS / PCV DRIVER REGISTRATION FORM

Please complete clearly in **block letters**

**CONFIDENTIAL**

THCT use ONLY  
Registration  
No.....

## Personal Details

Title Ms / Miss / Mrs / Mr / Other \_\_\_\_\_

Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Work address NOT acceptable)

Postcode \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Are you currently? Employed / Unemployed  
If unemployed, for how many months? \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile) email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you?.....Male  Female  (please tick)

How do you describe your ethnic origin? \_\_\_\_\_

National Insurance number \_\_\_\_\_ (required for license check)

## Driving for THCT

Which THCT Member Organisation(s) will you usually drive for?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Declaration of Driving Status

I agree to act as a volunteer driver for THCT operated buses and understand that I am accountable to THCT as a volunteer driver

\_\_\_\_\_ (sign) \_\_\_\_\_ (print)

## Licence and Driving Details

Driver Licence Number \_\_\_\_\_ Full Licence (Y / N)

Date issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Years since passed test \_\_\_\_\_ Licence Groups \_\_\_\_\_

*If you answer YES to any of the following questions, then please give details in the space below each question*

Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? YES / NO

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Have you ever been disqualified from driving? YES / NO

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Have you prosecutions or police enquiries pending for motoring offences? YES / NO

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Have you had any motor insurance policy declined, cancelled or been refused renewal or had any special conditions imposed? YES / NO

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Have you been involved as a driver in an accident in the last 5 years, regardless of fault? YES / NO

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Are you currently taking any medication which may affect your driving ability? YES / NO

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Have you currently, or have you 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

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Have you resided outside the United Kingdom or Republic of Ireland for at least 3 years?

YES / NO

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Have you any additional licences (eg HGV or PCV)?

YES / NO

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### Declaration and Agreement

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 THCT promptly 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 minibus driver and including any subsequent refusal of motor insurance or any driving convictions. I understand that failure to do so and any false declaration above may render the insurance cover for the vehicle invalid and that I may be held personally responsible to pay costs or damages. I understand that all information will be treated in the strictest confidence. I further agree to the disclosure of my personal data for the purpose of a regular driving licence check.

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_

### Change of Circumstances

Details \_\_\_\_\_

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Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_