

Driver Registration Form

BARROW UPON SOAR GOOD NEIGHBOUR SCHEME

F004

Name					
Address					
Vehicle make			Vehicle model		
Vehicle colour			Registration number		
	I confirm that I have informed my insurance company that I am a volunteer with BGNS and that I will use my own vehicle as part of the scheme. My insurance company has confirmed that my vehicle insurance policy covers use for this purpose. I will include my volunteer driving miles when declaring my annual mileage to my insurer.				
	I confirm that I hold a valid full driving licence				
		confirm that I do not suffer any illness or disability which affects my ability to drive. I will inform GNS of any change in my physical or mental health that may affect my ability to drive.			
	I confirm that I will maintain my vehicle in a roadworthy condition and that, if applicable, the vehicle has passed an MOT test which will be renewed annually.				
	I confirm that my vehicle has valid Car Tax.				
		confirm that I will comply with all relevant legislation covering the use of this vehicle at all times whilst on a task for BGNS.			
	I understand that seatbelts must be worn by the driver and all passengers when the vehicle is being driven.				
	I understand that smoking is not permitted in my vehicle while I am transporting members.				
Signature Date					