

Additional Information Form:

Medical Details:

Please give details of any condition, disability or special need you have or have had which would affect your ability to drive safely now or in the future:

Conditions of health/disabilities that **MUST** be reported are listed on the VOSA web Site www.vosa.gov.uk

Driving Licence Details:

Licence No: _____

Valid From: _____ Valid To: _____

Endorsements: Yes No

If 'Yes' Please give details: _____

Have you had any convictions during the past 5 years for an offence in connection with a Motor Vehicle?

Yes No

If 'Yes' are there any prosecutions pending? Yes No

Please give details (as on licence): _____

Have you been involved as a driver in an accident in the past 5 years?

Yes No

If 'Yes' please give details: _____

Declaration:

I declare that the details given above are correct to the best of my knowledge. 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. I undertake to inform Liverpool Community Transport of any subsequent illness, condition or event which may affect my ability to drive the minibus.

Driver's Signature: _____

Date: _____