

# Coggeshall Community Bus Ltd.

## Driver Application Form

Please use block capitals throughout.

Drivers Full Name: (Mr/Mrs/Ms)		Date of Birth: ____/____/____
Full Postal Address:		
National Insurance No:		Post Code:
Telephone (Home):  (Mobile):	E-Mail Address:	
Date FULL driving licence obtained, (if licence obtained before Jan 1 1997 state MORE THAN FIVE YEARS):		
Driver Number (From Driving Licence):	Class “ <b>D1</b> ” Classification on Driving Licence (Yes or No)	
Details of ALL accidents (including dates, costs, etc.) irrespective of liability in which the driver has been involved within the last FIVE years. If none state NONE:		
Details of all convictions (Dates, fines, bans & conviction codes) registered against the driver in the last FIVE years. Including any pending prosecutions. If none state NONE:		
Details of any physical or mental defect or disability. If none state NONE.		

**IMPORTANT:** There is a legal duty to immediately inform a director or the Secretary of the Coggeshall Community Bus Ltd of ANY change in the above information, or of any other material fact that may affect the insurance position.

The Coggeshall Community Bus Ltd reserves the right to verify all the details given above, to ensure that all legal and statutory obligations are met in full. All information held by the bus company is subject to the details laid out in the Drivers Data Privacy Notice (GDPR). A copy of which can be supplied on request.

I declare that the information given above is to the best of my knowledge and belief correct and complete in every detail, and consent to the Coggeshall Community Bus Ltd, verifying all information given on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only

Driving Licence Checked : \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered office: Dickins House, Guithavon Street, Witham, Essex CM8 1BJ  
Registered in England. Registration Number 2576833