



## Vehicle Driving Application Form

To be completed by all staff and (separately) by any other nominated, additional driver (e.g. spouse or partner), then handed to your department manager together with your original driving licence.

Driver's Personal Details			
Surname:		First name(s):	
Date of birth:		Job title:	
Department:		Staff no:	
Ordinary Driving Licence			
Driver licence no:		Groups/Categories:	
Valid from:		Valid to:	
Date driving test passed:			
How regularly do you drive?      Every day <input type="checkbox"/> Once a week <input type="checkbox"/> Occasional <input type="checkbox"/>			
LGV/LCV Licence			
Serial no:		Medical due:	
Groups/Categories:		Date driving test passed:	
Valid from:		Valid to:	
Additional Qualifications/Experience			
Have you had any experience or do you hold any qualifications in any of the areas listed below? Please give brief details:			
Commercial vehicle types:			
Fork lift truck:			
Power take off:			
Tipper truck operation:			
Lorry mounted crane:			
Tail lifts:			
Hazardous chemicals:			
Other - specify:			
Give details of any traffic violation during the last five years:			
Date	Offence	Endorsement code	Fine/penalty points/suspension



### Vehicle Driving Application Form

Give details of any traffic accidents during the last five years:

Date	Brief description of accident

**Driver Training Experience**

Have you taken any form of advanced/defensive driver training? Yes  No

If yes, give details:

**Medical**

Do you have a DVLA notifiable condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has the condition been reported? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your vision impaired? Yes <input type="checkbox"/> No <input type="checkbox"/> When was your eyesight last tested? Date: _____	Is your hearing impaired? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently taking any medicines or prescribed drugs that may induce drowsiness or otherwise impair your driving? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to take a medical examination by a company doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that the above information is a true and accurate record to the best of my knowledge at the time of completing this form.

Signed: _____	Date: _____
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**For official use only**

Driving licence checked by: \_\_\_\_\_

Driving experience & medical checked by: \_\_\_\_\_

Permitted to drive: Cars  Vans / LCV up to 3.5T  LGVs over 3.5T (Category\_\_\_\_)

Signed: _____	Manager: _____	Date: _____
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