

Louis Fleischmann Building
Royal National Orthopaedic Hospital
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STANMORE		STOKE MANDEVILLE	
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Driver Registration Form

You must complete the Driver Registration process before you are authorised to drive a Barbara Bus Fund vehicle. Only registered drivers are covered on Barbara Bus Fund fleet vehicle insurance.

You will need to complete an Annual Licence Update.

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM.

Title	
First Name	
Surname	
Date of birth	
<p>YOU MUST BE OVER 25 YEARS OF AGE YOU MUST HAVE HELD YOUR FULL DRIVING LICENCE FOR OVER 12 MONTHS YOU MUST TELL US IF YOU ARE OVER 70 YEARS OF AGE AND COMPLETE AN INSURANCE DECLARATION</p>	
Home telephone	
Mobile telephone	
Work telephone	
Email address	
Current home address (THIS MUST BE THE SAME AS YOUR DRIVING LICENCE)	
Post Code	

Passenger name	
Passenger address	IF
	AP
	PLI
Post Code	CA
Home telephone	BL
Mobile telephone	E

Driving licence number																			
Photocard expiry date																			
Date driving test passed	If under 12 months ago																		
Experience of vehicles driven																			
MAXIMUM 6 CURRENT PENALTY POINTS PERMITTED, CERTAIN ENDORSEMENTS ARE NOT PERMITTED BY OUR INSURERS																			
Endorsements	Sentence date	Offence date	Offence code	Fine	Penalty points	Expiry date													
Road Traffic Accidents in last 5 years																			
Date of accident																			
Details	_____																		

At fault	OWN FAULT / THIRD PARTY																		
Cost	£																		

DVLA Unique code (case sensitive) : _____

Driver Declaration – must be signed

- In the event of an accident or damage caused by any act or omission on my part I acknowledge that I may be held liable for any insurance excess.
- Should the insurers refuse to make payment due to any act or omission on my part I understand I may be held liable for costs for repair of the Barbara Bus vehicle, any third party vehicle and any other costs which could be incurred.

I SIGN BELOW AND HEREBY DECLARE THAT ALL DETAILS PROVIDED ABOVE ARE TRUE AND ACCURATE. I HAVE RECEIVED FULL DETAILS OF BARBARA BUS FUND USER TERMS, DRIVER HANDBOOK AND ADDENDUM AND AGREE TO ADHERE TO ALL TERMS AND CONDITIONS. I WILL INFORM THE BBF OFFICE OF ANY CHANGES TO MY DRIVING LICENCE INCLUDING ENDORSEMENTS, CHANGE OF ADDRESS OR NAME.

Signed	
Name	
Date	

PLEASE CONTACT THE OFFICE IF YOU WOULD LIKE TO ENQUIRE ABOUT BECOMING A VOLUNTEER DRIVER.

OFFICE USE ONLY	
Date entered on system _____	Initials _____
Notes _____	