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| Louis Fleischmann Building  Royal National Orthopaedic Hospital  Brockley Hill, Stanmore, Middlesex HA7 4LP | **Registered Charity No. 257507**  Phone - 020 8416 0733  Email - [office@barbarabus.com](mailto:office@barbarabus.com)  Website - www.barbarabus.com |

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| STANMORE |  | GWYNEDD |  | STOKE MANDEVILLE |  | PINDERFIELDS |  | SHEFFIELD |  |

Driver Registration Form

Only drivers who have completed the Driver Registration process are authorised to drive a Barbara Bus Fund vehicle. Only registered drivers are covered by the Barbara Bus Fund fleet vehicle insurance.

Drivers will need to complete an Annual Licence update every year.

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

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| Title |  | | First name | |  | | | | Surname | |  | |
| Date of birth | |  | | | | **YOU MUST** BE OVER 25 YEARS OF AGE, HAVE HELD YOUR FULL DRIVING LICENCE FOR OVER 12 MONTHS  **YOU MUST** TELL US IF YOU ARE OVER 79 YEARS OF AGE AND COMPLETE AN INSURANCE DECLARATION | | | | | | |
| Home telephone | | | |  | | | Mobile telephone | | |  | | |
| Email address | | | |  | | | | | | | | |
| Current home address | | | |  | | | | | | | | |
| THIS MUST BE THE SAME ADDRESS AS ON YOUR DRIVING | | | |  | | | | | | | | |
| LICENCE | | | |  | | | | | | | | |
| Post code | | | |  | | | | Work telephone number (if registering to drive for a group) | | | |  |

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| Passenger / Group name | Dr / Mr / Mrs/ Ms/ Other |

PLEASE MAKE SURE YOU HAVE COMPLETED A PASSENGER REGISTRATION FORM

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| DVLA Unique code (case sensitive) |  |  |  |  |  |  |  |  |

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| **DRIVER AGREEMENT TO BE COMPLETED AND ATTACHED TO THE REGISTRATION FORM** |

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| **GDPR – DATA PROTECTION AND YOUR PRIVACY – 25th May 2018**  The information you give to the Barbara Bus Fund for the purposes of providing the service will be used only for the purposes it has been given: responding to your enquiries, sending you news and information and communicating with you when necessary.  Your information will not be passed to anyone else unless in relation to a legal or traffic offence.  Further details of how your data will be used and your rights are contained in our updated GDPR Privacy Policy document. |

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| Driving licence number | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Photocard expiry date | |  | | | | | | | | | | | | | | | | | | | | |
| Date driving test passed | | *If licence held for under 12 months* | | | | | | | | | | | | | | | | | | | | |
| 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 | |
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| Road Traffic Accidents in last 5 years | | | | | |  | | | | | | | | | | | | | | | | |
| Date of accident | |  | | | | | | | | | | | | | | | | | | | | |
| Details | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
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| At fault | | OWN FAULT / THIRD PARTY | | | | | | | | | | | | | | | | | | | | |
| Cost | | £ | | | | | | | | | | | | | | | | | | | | |

**Driver Declaration – must be signed**

* The information I have provided is true and accurate to the best of my knowledge
* I could be liable for the insurance excess if I am responsible for damage to a BBF vehicle, property or third party property (minimum £250, increased excess may be imposed by insurers – you will be informed at time of registration if higher excess)
* I could be asked to pay repair costs to a BBF vehicle or property if it is less than the insurance excess amount
* I could be held liable for costs if I provide false information or fail to provide up-to-date information as required and my cover under Barbara Bus Fund comprehensive insurance is deemed invalid

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.

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| Signed |  |
| Name |  |
| Date |  |

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| OFFICE USE ONLY  Date entered on system \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |