

1st Bookham Scout Group - *driver record form*

1. Driver details	
Surname	
First name/s	
Date of birth	
Type of UK licence held (Full/Provisional)	
Date UK driving test passed	
Details of full/part-time occupations	
Have you been permanently resident in the UK for the past five years? If NO, please give details	
Do you have insurance in your own name? If YES, please give details of the insurance company and policy number	

2. General	
Have you ever:	If YES to A to F, please give full details below, including names, dates, circumstances and the cost of any claims.
A. Had any loss or restriction of use of limbs or uncorrected defects of vision or hearing or heart disorders, diabetes, epilepsy or other physical, mental or nervous disorders or any condition requiring regular or recurring treatment by drug or other methods? If YES, have DVLC been informed?	
B. Been registered disabled or issued with a disabled drivers badge?	
C. Been convicted of any motoring offence(s) or been disqualified from driving during the past five years?	
D. Been involved in any motoring accident(s) or made any insurance claims during the past three years?	
E. Ever had insurance refused, compulsorily cancelled or had special terms imposed?	
F. Ever been convicted of a motoring offence?	

Declaration and signature:- I declare that to the best of my knowledge and belief, the information given above is true and complete in every detail and that no information which may influence acceptance of this risk has been withheld.

N.B. All material facts must be disclosed. Please contact this office if any doubt exists as to what material facts are required.

Signed by Driver..... Date.....

Counter Signed.....Date.....

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