



Charity No. 512568

BYV Adventure Camps
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DRIVER APPLICATION FORM: CONFIDENTIAL

Applications forms must be completed in full and if handwritten in capital letters and black ink
Please note: as a driver, you must also complete a "volunteers" application form

Surname:	Forenames:
Date of birth:	

Length of time driving regular cars in UK:	Date full licence gained:
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Do you suffer from any medical condition that may affect your driving (e.g. defective vision/hearing, physical infirmity, recent injury, epilepsy, current medication etc.) YES / NO
If yes, please give details:

Do you have any experience of driving minibuses or similar vehicle? YES / NO
If yes, please give details:

Please state if ever convicted of any offence(s) in respect of any motor vehicle, including prosecution pending:

Date:	Date:
Code:	Code:
Fine:	Fine:
Points:	Points:
Disq. period:	Disq period:

Please continue on separate sheet of paper if necessary

Has any company / underwriter has ever declined, cancelled or refused to renew any motor vehicle policy or imposed terms. YES / NO
If yes, please give details:

Please state company / underwriter with whom you are insured in respect of any motor vehicle:

Have you been involved with any accident whilst driving any motor vehicle in the last three years? YES / NO
If yes, please give details:

I hereby declare and warrant that the above statements are true and that within my knowledge there is no other material fact which should be disclosed. I agree to adhere to the BYV drivers policies.

Signed: _____ Date: _____

