



**SAPCOTE
GOOD
NEIGHBOUR
SCHEME**

Driver Registration Form

Name _____
Address _____

Vehicle Make: _____
Vehicle Model: _____
Vehicle Colour: _____
Registration number: _____
Driving license number: _____

- I confirm that I have informed my insurance company that I am a volunteer with the Sapcote Good Neighbour Scheme and I will use my own vehicle as part of this. My insurance company have confirmed that my vehicle insurance cover policy covers use for this purpose. I will include my volunteer driving miles when declaring my annual mileage to my insurer. *Please note: If a driver does not inform their insurance company that they are using their car for volunteering purposes their policy may become invalid in the case of an accident.*
- I confirm that I hold a valid full driving licence. I will inform Sapcote Good Neighbour Scheme of any motoring offences which incur points on my licence.
- I do not suffer from any illness or disability which affects my ability to drive. I will inform Sapcote Good Neighbour Scheme of any change in my physical or mental health that may affect my ability to drive.
- I confirm that I will maintain my vehicle in a roadworthy condition and that, if applicable, the vehicle has passed an MOT test which will be renewed annually.
- I confirm that my vehicle has a valid Vehicle Excise License.
- I understand that seatbelts must be worn by the driver and all passengers when the vehicle is being driven.
- I understand that smoking is not permitted in my vehicle while I am transporting users.

Signature.....Date.....