GOOD NEIGHBOUR SCHEME BARROW UPON SOAR	BARROW UPON SOAR GOOD NEIGHBOUR SCHEME
Driver Registration Form	**F004**

Name			
Vehicle make		Vehicle model	
Vehicle colour		Registration number	

☐ I confirm that I have informed my insurance company that I am a volunteer with BGNS and that I will use my own vehicle as part of the scheme. My insurance company has confirmed that my vehicle insurance policy covers use for this purpose. I will include my volunteer driving miles when declaring my annual mileage to my insurer.

☐ I confirm that I hold a valid full driving licence

☐ I confirm that I do not suffer any illness or disability which affects my ability to drive. I will inform BGNS 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 valid Car Tax.

☐ I confirm that I will comply with all relevant legislation covering the use of this vehicle at all times whilst on a task for BGNS.

☐ 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 members.

Signature …… Date ……

Please return the completed and signed form to any member of the Admin Team. Remember to complete a new driver registration form if you change your car.