FOLKESTONE TOWN COUNCIL

Membership Enrolment Form

To comply with licencing and insurance regulations, all drivers of the vehicle must complete the following form before driving the vehicle. All details will be held in accordance with our Data Protection Policy.

|  |  |
| --- | --- |
| Driver name *(Inc. title)* |  |
| Organisation / Group: |  |
| Correspondence Address: |  |
| Postcode: |  |
| Email address: |  |
| Daytime telephone number: |  |

Please provide a copy of your organisations Section 19

All drivers must enclose a copy of their driving licence and provide a DVLA 'Check Code' obtainable from https://www.gov.uk?view-driving-licence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver Licence No |  | | | | |
| Date of issue |  | Date of expiry |  | | |
| Years since test passed |  | | | | |
| Licence Groups: | | | | |
|  | | | | |
| B (after 1st January 1997) - You can drive vehicles up to 3,500kg MAM | | | |  |
| B (before 1st January 1997) - You’re also allowed to drive a minibus with a trailer over 750kg MAM. | | | |  |
| D1 - You can drive vehicles with: a maximum length of 8 metres; more than 16 passenger seats; a trailer up to 750kg | | | |  |
| Other | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? | Yes |  | No |  |
| Have you ever been disqualified from driving? | Yes |  | No |  |
| Have you got any prosecutions or police enquiries pending for motoring offences? | Yes |  | No |  |
| Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions ‘imposed’? | Yes |  | No |  |
| Have you been involved as a driver in an accident in the last five years regardless of fault? | Yes |  | No |  |
| Have you currently, or do you have any history of, any condition or disability which may affect your ability to drive safely now or in the future? If in doubt, declare any condition or disability. | Yes |  | No |  |
| Are you currently taking any medication which may affect your driving ability? | Yes |  | No |  |

Folkestone Town Council Use:

|  |  |
| --- | --- |
| Date Enrolled |  |
| Membership Number |  |

Folkestone Town Council

The Town Hall, 1-2 Guildhall Street, Folkestone, Kent, CT20 1DY

Tel: 01303 257946 [enquiries@folkestone-tc.gov.uk](mailto:enquiries@folkestone-tc.gov.uk)

www.folkestone-tc.gov.uk