Hatch CCS

DRIVER ENROLMENT FORM

Driver Name:	
Address:	
Telephone Numbers:	Home: _____ Mobile: _____
Email:	
Date of Birth:	
Driver Checks	Valid Driving Licence? Yes Points on Licence? Yes *If yes how many*: _____ Valid Car Insurance? Yes (This must include the insurance company being made aware of voluntary driving) DBS check? (Further information will be given when necessary) Declaration of health issues – are there any medical conditions or medication being taken that would affect their ability to safely drive Yes *If yes, please specify:* _____
Vehicle Details:	Make and model: _____ Vehicle Registration: _____
Vehicle and Driver Restrictions:	Please tick boxes that apply to you: ☐ Unable to accommodate larger mobility aids (e.g. Zimmer frame, folding wheelchair) ☐ Unable to assist with lifting (passenger/passenger belongings) ☐ No pets ☐ No evening appointments ☐ Others *(please list):* _____ _____
I agree to advise the car scheme secretary if any of the above details change	
Signed:	
Printed:	
Date:	

PLEASE NOTE THAT YOUR PERSONAL DATA ARE HELD BY US FOR THE PURPOSE OF ADMINISTERING THE COMMUNITY CAR SCHEME. WE MAY SHARE THESE DETAILS WITH THIRD PARTIES FOR THE PURPOSE OF PROCESSING. YOU HAVE THE RIGHT TO REVIEW, AMEND OR HAVE YOUR DATA DELETED BY CONTACTING hatchccs@gmail.com