

WINSLOW COMMUNITY CAR SCHEME



DRIVER APPLICATION FORM

NAME : Title	Forename	SURNAME		
ADDRESS:				
Postcode:				
TELEPHONE (<u>under</u> Home	<u>line</u> preferred option)	Mobile		
EMAIL				
CAR: Make Registration	Model	Engine size Colour		
No of Doors	No of Seats	Seat Height: Low/Average/High		
Boot: Small /Mediu	m/Large			
DRIVING LICENCE:	Number	Expiry Date		
INSURANCE COMPA	ANY:			
Policy No: Date notified of vo	lunteering:	Expiry Date:		
METHOD OF PAYM Credit Transfer (BA	ENT: Cheque (payable to : CS details:) OR)		
REFERENCE: I agree the position of drive	er.	omment on my suitability and competence for dress		
I agree to the use of activities including Co Privacy Policy, which You can check what i on 07508 330750, or	the above data by the Winslow Big ommunity Car Scheme journeys. V also describes your rights regardir nformation we hold about you at a the Chair on 01296 712460, for all	Society Group, WBSG, to help my participation in its VBSG will only use your data in accordance with our		

Signed Date PTO



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Assessment

From 2022 drivers aged over 70 or on turning 70 will	be asked to take, at appropriate intervals,
Independent 'Driving Assessments' through the Buck	kinghamshire Council at WBSG expense. This is
not a test per se but advice will be given if appropria	te. This will provide an assurance to passengers,
organisers and insurance companies.	Please tick the box if you ar 70 or over

Availability:

Please put **NO** in the boxes to indicate periods when you will <u>normally NOT</u> be available to drive If you are not free or able at any time asked, there is no compulsion to accept a booking

(Periods of non-availability, eg holidays, should be notified as and when.)

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

Other:				
other.				
Tick box if you v	vish to have a co	py of this form		
Driver application	formjun23.doc			