

| Personal Details | | | |
|------------------|---------|--|-----------------|
| Last Name. | | | Gender. M / F |
| First Name. | | | |
| Home Address. | | | Postal Code. |
| | | | |
| Telephone No. | Home. | | DOB (dd/mm/yy). |
| | Mobile. | | |
| Email Address. | | | |

| Driving Licence Details (AS PER DRIVING LICENCE) | | | |
|--|---------|--|----------------|
| Last Name. | | | Licence Number |
| First Name. | | | Issued by |
| Home Address. | | | Postal Code. |
| | | | |
| Telephone No. | Home. | | Issue Date |
| | Mobile. | | Expiry Date |

| Categories | | | | |
|------------|------|-----|------|-------------|
| Category | Yes. | No. | Code | Date Expiry |
| AM | | | | |
| A1 | | | | |
| A2 | | | | |
| A | | | | |
| B1 | | | | |
| B | | | | |
| C1 | | | | |
| C | | | | |
| D1 | | | | |
| D | | | | |
| BE | | | | |
| C1E | | | | |
| CE | | | | |
| D1E | | | | |
| DE | | | | |
| fkpq | | | | |

| Points / Disqualifications / Convictions | | | | | | | | | | |
|--|---|---|---|---|----|-----|--------------|------|----------------------|-------|
| Points (Circle) | 0 | 3 | 6 | 9 | 12 | >12 | Disqualified | Y/ N | Insurance cancelled? | Y / N |
| Details | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Driving licence check code | | |
|----------------------------|-------------|--|
| Code | Expiry Date | |
| | | |

By signing this form you agree to allow Local Medical Services Ltd to conduct checks on your driving license to verify your entitlement to drive vehicles of the classes shown. This form is to be completed annually and MUST be accompanied by a copy of the front and back of your driving licence.

All drivers are covered by company insurance and the excess is covered by the company where any accident is found to not be the fault of the driver. Where an accident is caused by the deliberate actions or negligence by the driver they will be liable for the excess on the policy as detailed below:

Over 25 (Provisional licence): £500
 Over 21 £250
 Under 21 £800

All drivers MUST complete the pre shift checks including a vehicle inspection and the appropriate VDI form for each day they have a vehicle and a PTS log for any patient transport journeys.

By signing below you accept the above provisions:

| | |
|------------------------------|--|
| Contractor Signature. | |
| Print Name. | |
| Date. | |

Office Use Only:

| | |
|-------------------|--|
| Recruiter. | |
| Date. | |