

**Driver details:**

Surname:

First name(s):

Date of birth:

**Driving licence details:**

Driver licence no:

Vehicle categories:

Valid from:

Valid to:

Pass date driving test:

**Endorsements | Convictions | Suspensions:**

Date of offence:

Type of offence:

Fine / Penalty /  
Suspension:

**Details of any Traffic Accidents During the Last Five Years:**

Date:

Brief description of  
accident:

**Driving Courses Attended:**

Have you taken any form of advanced/defensive driver training:      Yes      No

If Yes, provide details:

**Medical:**

Are you in good health:            Yes            No

Is your vision impaired:            Yes            No

Eyesight test carried out:            Pass            Fail

Is your hearing impaired:            Yes            No

Have you ever received treatment for:

High blood pressure:            Yes            No

Diabetes:            Yes            No

Epilepsy:            Yes            No

Cardiovascular diseases:            Yes            No

Do you suffer from any other illness/disability which could affect your driving ability:            Yes            No

If Yes, provide details:

Are you willing to take a medical examination by a doctor:            Yes            No

**How regularly do you drive:**

Daily            Weekly            Occasionally

**I certify that the above details are correct:**

Signed by:

Date:

**For Official Use Only:**

Driving licence checked by:

Driving experience and medical checked by:

Permitted to drive:            Cars            Vans            HGV            AVs

From:

Signed: