



DIAL A TRIP LTD

The Orchard
Beckland Hill
East Markham, Newark
Notts NG22 0QP

DRIVER APPLICATION RECORD

DRIVERS NAME:	National Insurance Number:
Date of Birth:	Ethnic Group:
ADDRESS	Driver photo: for office
Post Code	
TELEPHONE:	BANK DETAILS
Home:	Sort Code <input type="text"/>
Mobile:	Bank Account Number <input type="text"/>
Email:	Name of account holder <input type="text"/>
CAR DETAILS:	INSURANCE
Registration No:	Company:
Make: Model:	Policy No:
Colour: Engine Size:	Renewal Date:
Number of Doors:	MOT (if applicable)
DRIVER LICENCE Number:	Renewal Date:
	DRIVER RESTRICTIONS:
Partners name for information only :	
How did you hear about the scheme please circle: word of mouth, printed banner, advert or other please state -	

Please sign here if you agree to Dial a Trip Ltd holding the above information on a password protected spreadsheet and digital booking system. This will remain or get updated until such time that you leave the organisation, this is required under the General Data Protection Regulation (GDPR 25/05/2018)

Signature: _____ Date: _____ P.T.O.

The Orchard, Beckland Hill, East Markham, Newark Notts NG22 0QP

Tel: 01777 948384

e-mail: dialatripltd@gmail.com



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REFERENCES

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

I agree to the above people being asked to comment on my suitability for the position of driver.

The information I have provided is accurate.

I agree to report any changes in circumstances immediately.

SIGNED: _____ **DATE:** _____

Because of the type of work you may be asked to do, it is necessary to ask the following question.

Do you have any criminal convictions, which are unspent under the terms of the rehabilitation act 1974?

If the answer is **NO** please sign the following statement.

I confirm that I do not have any unspent convictions about which I should inform you.

Signature: _____

If the answer is YES, you should discuss this with the Administrator now. Having a criminal record does not necessarily exclude you from becoming a volunteer car driver.

OFFICE USE ONLY

DBS registration Date: _____

DBS check confirmed Date: _____

REFERENCES RECEIVED AND CHECKED:

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