



Great Dunham Hall, Great Dunham,  
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VAT No. 394 4527 23 Registered in England 1857891.

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### DRIVING APPLICATION FORM

Full name..... Next of kin.....

Address.....

.....

City..... County.....

Post code.....

Home telephone..... Mobile telephone.....

Email address.....

Date of Birth..... Place of Birth.....

Marital Status..... No. of Children.....

Are you in good health? .....

Give details of any illness which may affect your entitlement to drive a specific class of vehicle?

.....

.....

Give details of any serious illness or disablement prior to five years ago?

.....

.....

Is your vision or hearing impaired? If so, give details

.....

Do you wear glasses to drive? .....

Have you ever received treatment for Diabetes, Epilepsy or any form of blackout? If so, give details

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Give details of all driving accidents and convictions in the last five years

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Give details of all convictions for driving or other offences in the last five years. You are not required to

declare convictions 'spent' under the Rehabilitation of Offenders Act

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Date passed LGV test..... Date passed car test.....  
 Driving Licence number.....  
 Expiry Date.....  
 DCPC training hours completed total.....

Please give details of the type of work which you have done before

.....  
 .....

Please give the names and addresses of two people we can contact for a reference. At least one should be a previous employer. Your present employer will not be contacted without your consent

1. Name.....  
 Occupation.....  
 Address.....  
 .....

Telephone.....

1. Name.....  
 Occupation.....  
 Address.....  
 .....

Telephone.....

Details of previous employers, the most recent first

Company, name & address	Vehicles driven/type of work	Period from	To	Reason for leaving

I certify that all details given by me in this form are correct

Signed..... Date.....