HAY DIAL-A-RIDE

VOLUNTEER DRIVER APPLICATION FORM 2023



| Full Name : | | | | | | | |
|--|--|-------------------|----------------------|-----|-------------|--|--|
| Date of Birth : | | | | | | | |
| Address: | | | | | | | |
| Post Code: | | Email: | | | | | |
| Home Tel No: | | Mobile Tel No: | | | | | |
| our 13 seater minibu | e the MINIBUSES/COMMUNITY CAR us, you will need D1 on your licence. Teers for our own vehicles is 80. | | | | sh to drive | | |
| DRIVING L | ICENCE | | | | | | |
| Licence Number : | : | | Valid From : | | | | |
| | | | | | | | |
| Valid to : | | | Years Licence Held : | | | | |
| | | | | | | | |
| DRIVER II | NFORMATION | | | | | | |
| Do you hold a clean driving licence? : | | | YES | NO | | | |
| Do you have any licence endorsements? : | | | YES | NO | | | |
| If yes, please giv | | | | | | | |
| Drivers with more | e than 3 points will be subject to ir | nsurer's approval | | | | | |
| Do you have a fully comprehensive insurance policy? : | | | YES | NO | | | |
| Have you had a | ny convictions during the past 5 | years for a mot | coring offence?: | YES | NO | | |
| You will be required to notify your insurance company of your new volunteer role with Dial-a-Ride, using a form of words we will give you if you are suitable for the role of Community Car Driver. This is routine and it should not impact on your insurance premium in any way. This is not required for our minibus/MPV drivers. | | | | | | | |
| Have you ever h | Have you ever had a motor policy declined, cancelled or special terms applied? : | | | | | | |
| Have you been involved as a driver in an accident in the last 5 years? : | | | | | NO | | |
| Have you ever been convicted of any offence relating to theft, fraud or dishonesty in the last 5 years? : | | | | | NO | | |
| Make & Model o | of the Car (if Community Car Ser | vice) | | | | | |
| National Insura | nce Number: | | | | | | |
| By giving us your NI number, you are consenting to us carrying out licence checks with the DVLA on appointment, and every six months thereafter. If you wish to do this yourself, you must notify us. | | | | | | | |
| AVAILABI | LITY | | | | | | |
| Please indicate when you are available to volunteer - what days/mornings/afternoons etc. | | | | | | | |
| | | | | | | | |
| COVID It is Dial-a-Ride's Policy that all volunteers will be vaccinated against Covid. | | | | | | | |
| I am vaccinated and up-to-date with all available boosters: | | | YES | NO | | | |

| Name: | Name: | | | | | | | |
|---|---|-----------------|------------|----------------------|--|--|--|--|
| Relationship: | Relationship: | | | | | | | |
| Tel No (day): | Tel No (day): | | | | | | | |
| Tel No (evening): | Tel No (evening): | | | | | | | |
| Mobile No: | Mobile No: | | | | | | | |
| Diago adviso of pro | | application o | | | | | | |
| - | Please advise of present/previous volunteer experience relevant to your application and why you are interested in joining our community transport service?: | | | | | | | |
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| | | | | | | | | |
| REFEREES | | | | | | | | |
| | who are not family members. | | | | | | | |
| Name: | Name: | | | | | | | |
| Address: | Address: | | | | | | | |
| | | | | | | | | |
| Post code: | Post code: | | | | | | | |
| Email: | Email: | | | | | | | |
| Relationship: | Relationship: | | | | | | | |
| • | | | | | | | | |
| Tel No: | Tel No: | | | | | | | |
| YOUR HEALT Do you consider yours If you wish, please give | elf to have a disability/health issue that might affect you | r volunteering? | YES | NO | | | | |
| | t standards as set out by the DVLA? "You must be abl car number plate made after 1 September 2001 from 20 | | glasses or | contact NO | | | | |

NO

YES

Is there any kind of support you feel you might need from us? Please describe:

Emergency Contact 2

Emergency Contact 1

DECLARATION

I understand that anything I hear or see regarding individuals during my volunteer work with Hay Dial-a-Ride is under the strictest of confidence, unless it concerns a Safeguarding issue. I accept that a breach of this confidentiality may result in a termination of my volunteering.

I understand that Hay Dial-a-Ride will need to run an enhanced police check (with my consent) with the Disclosure and Barring Service (formerly CRB) because they work with vulnerable people. All applicants are required to declare any convictions under the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975).

I understand that I will need to undergo training initially and from time to time thereafter. This will include Midas training (Minibus Driver Awareness Scheme) for driving our own vehicles, Emergency First Aid at Work and Dementia Awareness.

I understand that it is an offence under the Road Traffic Act to knowingly make a false statement to obtain insurance cover. In the event of any future illness, condition or incident which might affect my ability to drive for the scheme, I undertake to notify the office. I understand that failure to do so and any false declaration above may render the insurance cover for the vehicles invalid and I may then be held personally responsible to pay costs or damages.

I confirm that the information given in this application is correct and I undertake to inform Hay Dial-a-Ride of any change in circumstances including health and ability to drive.

I confirm that I do not have cataracts.

I confirm that I am fit to drive and meet the required standards for driving, and do not suffer from any notifiable conditions in accordance with current DVLA information (overleaf).

I have attached:

Driving Licence

DVLA Online Check OR my NI number for which I give permission for you to do the check

COMMUNITY CAR DRIVERS ALSO:

MOT

Insurance

DECLARATION SIGNATURE

| Signature | Date | |
|-----------|------|--|
| | | |
| | | |

What Data is Retained and How it is Used

Data Held: Your name, address, telephone number (and email address if you have one), application form and start date, your emergency contact details, your references, training record and certificates, copies of your driving licence and licence checks (if you are a driver), DBS information. Where you have given permission for us to do your online driving licence checks, we also retain your NI number.

What We Do With it: It enables us to arrange our community transport service. It also enables us to send you information on DaR activities, such as the regular bulletin from the office, the AGM papers and the Christmas newsletter.

How we Store it and for How Long: It is stored on Word/Excel files on the office password protected computer and a card system plus your personal file. Data is only known to office staff and exceptionally to Trustees on a specific needs basis. Personal data is stored for one year after end of service.

Our Policy on Sharing: We do not share volunteer data with other organisations except on an anonymised basis. If we think putting volunteers in contact with other parties (members or otherwise) is useful, we ask your individual permissions first.

Volunteer Rights: volunteers may obtain details of all their data that is held by Dial-a-Ride by submitting a 'subject access request' to the Chief Executive or Chairman of Trustees.

Although Hay & District Dial-a-Ride is not obliged to register under the Data Protection Act 1998, it follows its principles for the use of information. This means you are entitled to know how we intend to use any information you provide. The information in this form will be used for registration purposes and will be entered on our database. Specific information will not be given to our funders, just anonymised details for statistical purposes. Please see below for more information on data and permissions.

Notifiable medical conditions

You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

You must tell DVLA if you have a driving licence and you develop a 'notifiable' medical condition or disability; that is, a condition or disability has got worse since you received your licence. Notifiable conditions are anything that could affect your ability to drive safely. They can include:

- An epileptic fit (seizure or fit.)
- Sudden attacks of disabling giddiness, fainting or blackouts.
- Severe mental handicap.
- A pacemaker or implanted defibrillator device fitted.
- Diabetes controlled by insulin or tablets that have a high risk of causing hypoglycaemia for instance sulfonylureas.
- Angina whilst driving.
- Parkinson's disease.
- Any other chronic neurological condition.
- A serious problem with memory.
- A major or minor cerebrovascular event.
- Any type of brain surgery, brain tumour or severe head injury involving inpatient treatment at hospital.
- Any severe psychiatric illness or mental disorder.
- Continuing/permanent difficulty in the use of arms or legs which affects your ability to control a vehicle.
- Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past three years (not including drink/driving offences).
- Any visual disability which affects both eyes (not including declared short/long sight or colour blindness).

As well as these major medical conditions, the DVLA also lists a long list of notifiable illnesses and conditions that drivers are obliged to report. For a full list see: (https://www.gov.uk/health-conditions-and-driving)