# Drivers Record Form This form should only be completed if you will be using a car for your role and you have 6 or more points on your licence. Once completed, please submit to legal along with a copy of your drivers licence (both paper and card parts).



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| **Employer’s name:** | | RNLI | | | | **Department:** | | | |  | | | | | | | | |
| **Employee’s name:** | |  | | | | | | | | | | | **Date of birth:** | | |  | | |
| **Spouse / Partner’s name:** | | | | |  | | | | | | | | | | | | | |
| **Employee’s address:** | | |  | | | | | | | | | | | | | | | |
| **Employment start date:** | | | |  | | | | | **Class of licence:** | | | | | | |  | | |
| **Driver license number (Car):** | | | |  | | | | | | | | **Date of passing test (Car):** | | | | |  | |
| **Driver license number (HGV):** | | | |  | | | | | | | | **Date of passing test (HGV):** | | | | |  | |
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| Please answer the following questions in full, including spouse / partner details: | | | | | | | | | | | | | | | | | | |
| Please answer ‘Yes’ or ‘No’: | | | | | | | | | | | | | | | | | | |
| 1. **Do you suffer from heart complaint, diabetes, fits or any other physical or mental infirmity?** | | | | | | | | | | | | | | | | | |  |
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| 1. **Do you suffer from defective hearing or vision (not corrected by spectacles or lenses)?** | | | | | | | | | | | | | | | | | |  |
| If yes to either of the above questions, please provide details below: | | | | | | | | | | | | | | | | | | |
| **Nature of disability:** | | | | | | |  | | | | | | | | | | | |
| **Medical attention administered:** | | | | | | |  | | | | | | | | | | | |
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| 1. **Has your license ever been suspended, or have you been convicted of any offences (including endorsable Fixed Penalties) during the past five years, or is any prosecution pending?** | | | | | | | | | | | | | | | | | |  |
| If yes, please provide details below: | | | | | | | | | | | | | | | | | | |
| **Date** | **Actual Offence** | | | | | | | **Amount of Fine** | | | **Period of Suspension** | | | | **Brief Description of Incident** | | | |
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| 1. **Have you had any accidents, losses or claims (fault or non-fault) during the past three years?** | | | | | | | | | | | | | | | | | |  |
| If yes, please provide details below: | | | | | | | | | | | | | | | | | |  |
| **Date** | **Brief description of accident** | | | | | | | | | | | | | **Costs involved (if known)** | | | | |
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| I DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I WILL ADVISE MY EMPLOYER OF ANY CIRCUMSTANCES ARISING WHICH MAY ALTER THE INFORMATION GIVEN. | | | | | | | | | | | | | | | | | | |
| **Signed (employee):** | | | | | | | | | | | | **Date:** | | | | | | |
| **Signed (spouse / partner):** | | | | | | | | | | | | **Date:** | | | | | | |
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| Please now email this form to the Legal Team (**Ania\_Legg@rnli.org.uk**), or alternatively print and take with you to your induction. You will need to attach a copy of your driver’s licence (both paper and card parts). If a spouse / partner is going to be driving the RNLI vehicle as well, please ensure you have included their details in your answers. You will also need to attach a copy of their drivers licence if they have 6 or more points. | | | | | | | | | | | | | | | | | | |
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*By completing this form you are consenting to the RNLI using the information in keeping with data protection legislation. We never give your information to other organisations for marketing purposes. Your details will be used by the RNLI and passed to RNLI trading companies. We would only give your data to another organisation with your express consent or if required to do so by law.*

Legal Team, West Quay Road, Poole, Dorset, BH15 1HZ