

MiDAS Driver Registration Form

Driver information

Forename	Surname	D.o.B	Email address	Telephone No.

Address1

Address2

City

Postcode

License no.

Previous MiDAS certificate No.

D1 on License

Y / N

Any health conditions reported to DVLA?

Y / N

DVLA Pin check code <https://www.gov.uk/view-driving-licence>

Declaration - I, the undersigned, do hereby declare and warrant that the above statements are true and that within my knowledge, there is no other material fact which should be disclosed. I also undertake to advise immediately of any future convictions, accidents, changes to my mental/physical health or other circumstances which are likely to affect my acceptance as a driver of a vehicle used for MiDAS training. I understand that the information above may be passed to the owner of the minibus used by MiDAS training.

I agree to exercise all due care for the safety of my passengers and security of the vehicle whilst it is in my charge. I also undertake to inform of any collision or accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act 1988 to knowingly make a false statement to obtain insurance cover. I undertake to advise of any event that might affect my suitability as a driver. I understand that failure to do so and any false declaration made above may render the vehicle insurance cover invalid and that I may then be held personally responsible to pay costs/damages. I understand that all information will be treated in the strictest confidence.

Driver signature: _____

Booking Organisation Details

Registered with CTA	Y	N	No. of minibuses owned	Number of drivers

Organisation Name

Organisation Address

Organisation Invoice Address (if different)

Select MiDAS course Standard £150 Accessible £200

Please tick

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Price includes: E-Learning module, 1-2-1 Feedback and Driver assessment. Accessible option as standard plus includes 4 hour classroom training and practical assessment.

Authoriser name

Authoriser Signature