

DRIVER INFORMATION & DECLARATION

Full Name:
Former Surname(s):
Date and Place (City, Country) of Birth:
Nationality:
Passport Number:
Address:

Tel:
Fax:
Email address:

Driving qualifications (including licence number(s) and dates obtained):

Any infringements?

Criminal Record (including dates and nature of offence):

**I declare that the information given here is true, and hereby consent to further checks being made with the police and social services.
(all applicants to sign)**

Signed:

Date:

Please note that all information that you give will be treated in the strictest confidence. Failure to disclose any relevant information will result in exclusion from the position of driver to the British Children's Team.

Please give names and addresses of two referees who will be contacted by us (at least one of whom should be able to confirm your suitability for working with children):

1.

2.

Dr. Jenny Shute, Hill Cider House, Newcastle, MONMOUTH NP25 5NT.