

Full Name:

Driver Self Declaration Form

To be completed annually

This form must be accompanied by your driving licence, MOT certificate (if applicable) and insurance certificate and if necessary a letter from your insurance company confirming that their cover extends to this activity. These documents will be copied and held with this form.

Date of birth:		
Address:		
Postcode:		
Telephone	day	
(including dialling code)	eve	
	mobile:	
A Leader Emergency	Information fo	orm must also be completed.
(CONFIDENTI	IAL DECLARATION
I have a full clean driv	ing licence \square	
■ My vehicle has a current MOT certificate □		
$ullet$ My vehicle does not require an MOT certificate \square		
- My vehicle is properly serviced and maintained \square		
I have no outstanding convictions		
■ I confirm that I have appropriate insurance □		
If there are any changes to	the above I will in	nform you
I declare that the information knowledge.	on that I have pro	vided is accurate and complete to the best of my
Signed		_
Date		_
Valid for 12 months from	this date	
Diocese of Wakefield		Towards Good Practice January 2013