



Gt. Dunham Hall, Kings Lynn,  
Norfolk, PE32 2LQ  
Telephone: 01328 701317 Fax: 01328 701884

**DRIVING APPLICATION FORM**

**Full Name** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**County** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

**Mobile Telephone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**No. of Children** \_\_\_\_\_

**Are you in Good Health?**

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**Give details of any serious illness or disablement in the last five years?**

\_\_\_\_\_  
\_\_\_\_\_

**Give details of any serious illness or disablement prior to five years ago?**

\_\_\_\_\_  
\_\_\_\_\_

**Is your vision or hearing impaired? If so, give details**

\_\_\_\_\_

**Do you wear glasses to drive?**

\_\_\_\_\_

**Have you ever received treatment for Diabetes, Epilepsy or any form of blackout? If so, give details**

\_\_\_\_\_  
\_\_\_\_\_

**Give details of all driving accidents and convictions in the last five years**

\_\_\_\_\_  
\_\_\_\_\_

**Give details of all convictions for driving or other offences in the last five years. You are not required to declare convictions 'spent' under the Rehabilitation of Offenders Act**

\_\_\_\_\_  
\_\_\_\_\_

**Date passed HGV test** \_\_\_\_\_

**Date passed car test** \_\_\_\_\_

**HGV Licence number** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

**Please give details of the type of work which you have done before**

\_\_\_\_\_  
\_\_\_\_\_

**Please give the names and addresses of two people we can contact for a reference. At least one should be a previous employer. Your present employer will not be contacted without your consent**

**Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**Details of previous employers, the most recent first**

<b>Company, name &amp; address</b>	<b>Vehicles driven/type of work</b>	<b>Period from</b>	<b>To</b>	<b>Reason for leaving</b>

**I certify that all details given by me in this form are correct**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_