

DRIVER QUESTIONNAIRE & DECLARATION

To be completed by all Whitbread Wanderbus drivers. Please complete in block capitals.

1. Name
2. Address
3. Tel No. Mob
4. Email Address
5. Date of birth
6. Occupation
7. How many years have you held a full British driving licence?
8. Have you driven regularly during the past 12 months? Y/N
9. Please give full details of any accidents in which you have been involved in the past 3 years.
If none please state none. If there is insufficient space please continue on a separate sheet.
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10. Please give full details of any motoring convictions or impending prosecutions and details of any fines in
the past 3 years. If none please state none.
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11. Your eyesight and hearing

Can you meet the legal eyesight standard for driving a vehicle? Read number plate from 20 metres	Y/N
Do you need to wear glasses or corrective lenses to meet this standard?	Y/N
Do you have any condition affecting your vision (apart from wearing glasses or corrective lenses)	Y/N
Do you have any hearing impairment?	Y/N
Do you wear hearing aids?	Y/N

If you have answered 'Yes' to any of the above, please provide details. If there is insufficient space please continue on a separate sheet.

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12. Your health. Have you ever had, or do you currently suffer from any of the following conditions?

Diabetes controlled by insulin	Y/N
Diabetes controlled by tablets	Y/N
Epilepsy	Y/N
Any form of stroke including TIA	Y/N
Fits or blackouts	Y/N
Any type of brain surgery, severe head injury involving in-patient treatment	Y/N
Angina, other heart condition or heart operation	Y/N
An implanted cardiac pacemaker	Y/N
An implanted cardiac defibrillator (ICD)	Y/N
Repeated attacks of sudden disabling giddiness	Y/N
Any other chronic neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's disease	Y/N
A serious problem with memory or periods of confusion	Y/N
Do you have alcohol or drug misuse or dependence	Y/N
Mental health issues	Y/N
Parkinson's disease	Y/N
Any sleeping disorders	Y/N
Have you been treated in hospital over the last 5 years?	Y/N
Have you ever needed to notify the DVLA of any medical condition?	Y/N

If you have answered 'Yes' to any of the above, please provide details. If there is insufficient space please continue on a separate sheet.

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13. Have you ever been refused motor insurance? If so, please state reasons. If there is insufficient space please continue on a separate sheet.

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I declare that the above statements are true to the best of my knowledge and belief.

**I will inform Whitbread Wanderbus at the earliest opportunity of
any change in my health or eyesight which may affect my driving ability.
any penalty points / convictions or other changes to my driving licence.
any accident I have been involved in as a driver regardless of who was at fault.**

Signature. Date.