

# Societies Driver Application Form



**Please allow 14 days for your application to be reviewed.**

If driver request is granted you will be able to hire out SU vehicles for society use for the remainder of the academic year.

**Please note drivers need to have:**

- Held driving license for a minimum of 1 year
- Be over the age of 18

## Applicants Details

Forename(s)	
Surname	
Student Number	
Date of Birth	
Phone No.	
Email address	

Do you have any medical conditions requiring notification to the DVLA or which may affect driving?

*(Delete as appropriate)*

*If yes please give details of conditions(s) medication and any special terms imposed*

*By completing this form you are creating a contract with Solent Students' Union as a driver.*

*In fulfilling our obligations under this contract to ensure driver safety, comply with insurance and driver permit conditions and undertaking data analysis we will process your data and the data provided by Solent University to form our central student records. In the case of any incident Solent Students' Union will share carefully considered data with public authorities and our insurers (Endsleigh Limited) for the purposes of investigation and claims management. Full information on our data processing please view our Student Data Protection Statement at [www.solentsu.co.uk/privacy](http://www.solentsu.co.uk/privacy)*

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## Drivers' License Details

License Number	
Type of License	
Country of License Issue	
Date passed driving test (dd/mm/yyyy)	
DVLA Code	

Have you had any driving convictions in the past 5 years? *(Delete as appropriate)*

*If yes, please give details*

Date of Conviction	
Conviction Offence Code	
Length of Disqualification Period	
Cost of Fine	£
Please describe the circumstances in the box below.	

Have you had any driving accidents or claims in the past 5 years?

*(Delete as appropriate)* **No**

*If yes, please give details*

Accident / Incident date	
Total cost of claim	£
Was your no claims discount affected	<b>Yes / No</b>
Please put a brief description of the accident / incident below.	

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Has an insurance company refused to insure you with a motor vehicle in the last 5 years?  
(delete as appropriate)

*If yes please give full details including the reason, date and any terms applied*

**Once complete, please bring your Drivers Licence, Application form and a DVLA Driver's License Check Code to the Student Involvement Office (Located on the 1<sup>st</sup> floor of the SU).**

I declare that the above information are true and correct to the best of my knowledge and that no material information which could affect the insurer's assessment or acceptance of this risk has been withheld.

Driver Applicant Signature

Date

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