# 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 2 years

-Be age 21 or older

# 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)* **Yes/No**

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

# 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)* **Yes/No**

*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)* **Yes/No**

*If yes, please give details*

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

## 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 email these forms to student.involvement@solent.ac.uk**

### I declare that the above information is 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: