



# Minibus Driver Training with Assessment

## APPLICATION FORM

MB11/12

MDT No

Office use only

I am applying for (tick box)

First Permit

RENEWAL

Trailer Assessment

Vehicle type (tick box)

Minibus  
Up to 17 seats

People Carrier  
Up to 8 seats

Medical Renewal  
Only

Title

Surname

SOCIAL SERVICES STAFF ONLY  
PAYROLL REF NO

Forenames

Home Address:

Postcode

Name of the establishment you drive for:

Daytime Tel No

Mobile Tel No

e-mail

Establishment Address:

Postcode

Tel No

### Your Driving Licence Details:

Driving Licence No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you passed your car driving test \_\_\_\_/\_\_\_\_/\_\_\_\_

**(You need to have held a full licence for at least 2 years to apply)**

**Important Note**

If you passed your car test on or after  
1<sup>st</sup> January 1997

You will be restricted to driving a minibus  
not exceeding  
3500kg Maximum Authorised Mass

What groups are shown on your driving licence?

Does your licence contain any endorsements? (tick a box) No  Yes  If Yes, give details below:

Code	No of Points	Date of offence

Certain endorsements may not be acceptable to the County Council Insurance Company and may prohibit your being granted a minibus permit. The Road Safety Unit will advise you accordingly.

Our Driving Assessor will need to see your licence before commencement of your practical driving assessment.

Continue on a separate sheet if necessary

**In order to process your application, we require completion of ALL sections on BOTH sides of this form, including the Head Teacher, Manager, Supervisor declaration section. If any information is missing, this form will be returned to you. This will cause a delay in your application. You must not undertake any assessment until your application has been processed and an 'Authorisation' to undertake a practical assessment is issued by the Road Safety Unit.**

## Driver Declaration

**Before signing this form, read all of the following sections very carefully, then hand this form to the person who is authorised to put your name forward to this scheme.**

**Further Information can be found at:** [www.staffordshire.gov.uk/transport/roadsafety](http://www.staffordshire.gov.uk/transport/roadsafety)

- I declare that the information given on this booking form is complete and to the best of my knowledge correct.
- I agree to exercise due care for myself, my passengers and for the security of the vehicle whilst it is in my charge.
- I understand that it is an offence under the Road Traffic Act to knowingly make a false statement to obtain insurance cover.
- I undertake to inform my Establishment and Staffordshire County Council's Road Safety Unit of any subsequent condition or event, including changes to my health, which subsequent to my signing this declaration might affect my ability to drive.
- I also undertake to notify Staffordshire County Council's Road Safety Unit of any refusal of motor insurance or of any future driving convictions. I understand that failure to do so and any false declaration made by me may render the insurance cover for the vehicle invalid, and I then may be held personally responsible to pay costs and/or damages.
- I also undertake to notify Staffordshire County Council's Road Safety Unit of any accident or damage that occurs whilst I am in charge of one of the Authorities' vehicles.
- If I have passed a category D1 test (minibus), I will provide, with this form, a photocopy of my driving licence showing this entitlement.
- I agree to provide a passport-sized photograph. (Please hand this to your assessor on the day of your practical assessment. **Do not send photographs in with this form**).
- I understand that all information given will be treated in the strictest confidence.
- I understand that the fee for the financial year 2011/2012 is currently £80.00

### Medical clearance procedure:

Upon receipt of this form, the Road Safety Unit will forward you a medical questionnaire. You must complete this form and then make an appointment with the Occupational Health Unit who will assess your medical fitness to drive a minibus. Contact details will be provided with the medical questionnaire. Medical clearance remains valid until age 45. Further medical clearance is required every 5 years thereafter until age 65, after which medical clearance is required annually. There is no charge to employees of Staffordshire County Council providing their establishment has signed up to the Service level Agreement (SLA) with Staffs County Council Occupational Health and have their medical conducted by them. If the Occupational Health Unit requires further medical reports, this cost will have to be met by your organisation. Organisations not signed up to the SLA will be charged for their medical examination. If you do not meet the required medical standard, you will not be permitted to join the County Council Minibus permit scheme. Medical clearance costs for non Staffordshire County Council staff may be within the region of £45 - £70 depending on which Occupational Health Unit is used. Staffordshire Council of Voluntary Youth Service (**SCVYS**) members need to ensure that the application is counter signed by SCVYS office, within the manager/supervisor declaration.

Your Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Now get your line manager to complete the section below**

## Head Teacher – Manager – SCVYS - Supervisor Declaration:

Forms not signed by applicant and line manager will be returned

**I authorise the above person to be assessed under the Staffordshire County Council Minibus permit scheme.**

Authorised by: (*print name*) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice should be made out to: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

### Is your establishment

(Tick, which applies) **connected to:** -

Staffs County Council

City of Stoke on Trent

SCVYS

Private organisation/ charity

Academy or Foundation Sch/Col

### Permit Validation Period

Organisations connected to the County/City Council will be eligible to drive under the Staffordshire County Council Permit scheme and will be issued with a permit, usually for 5 years. This entitles the holder to drive a minibus or people carrier belonging to the Authority and/or transport passengers on behalf of the business of the Authority. Assessments taken in a people carrier are restricted to that type of vehicle only.

**In order that you receive a reminder of your permit expiry date, please ensure you notify us of any change of home address.**

### Completed forms should be sent to:-

Staffordshire County Council, Road Safety Unit, Riverway, Stafford. ST16 3TJ

**Telephone:** 0300 111 8012 **Fax:** 01785 276612 **e-mail:** [roadsafety@staffordshire.gov.uk](mailto:roadsafety@staffordshire.gov.uk)

### Note for (SCVYS) members only

If your organisation is a member of Staffordshire Council of Voluntary Youth Services (SCVYS), please forward your signed form to the SCVYS office for further signatures, who will authorise payment of the Class 2 Medical and forward your form to the Road Safety Unit on your behalf. (**Do not** send this form to the Road Safety Unit direct)