MDT No

Office use only

Minibus Driver Training with Assessment

APPLICATION FORM

MB18a

n applying for (tick	First P	ermit	Rene	wal	Trailer Assessment
nicle type (tick box)	Minibus Up to 17 s		People Up to 8 s	Carrier seats	Medical Renewal Only
Title	Surname				
Forenames			Γ	Name of the	e establishment you drive for:
Home Address:					
				Establishme	ent Address:
Postcode					
Daytime Tel No]		
Mobile Tel No]		
E-mail			ا ا	Postcode	
] [Tel No	
Date of Birth:/ Date you passed your car driving test/ (You need to be at least 21 years of age and					Important Note If you passed your car test on or after 1st January 1997 You will be restricted to driving a minibus not exceeding
have held a full lice			oply)	L	3500kg Maximum Authorised Mass
What groups are sho	wn on your driv	ring licence?			
Does your licence co	ntain any endo	rsements? (tick	a box) No	Ye Ye	es If Yes, give details below:
Code	No of Points	Date of offence	e	Certain endorsements may not be acceptable to the C Council Insurance Company and may prohibit you bei granted a minibus permit. The Road Safety Unit will ac you accordingly.	
				As part of yo	our assessment our Assessor will need to see



In order to process your application, we require completion of ALL sections on BOTH sides of this form, including the Head Teacher, Manager or 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 <u>all</u> 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

- I declare that the information given on this booking form is complete and to the best of my knowledge correct.
- I agree to provide my driving licence to my assessor prior to my practical driving assessment.
- If I have a Photocard licence, I agree to also provide a copy of my licence summary (available from gov.uk website).
- 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 **ONE** 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 current financial year is £86.00

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. You need to take the completed medical questionnaire with you to this appointment. 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.

Head Teacher – Mai	nager – S	CVYS - Supervisor Declaration:	Forms not signed by applicant ar line manager will be returned		
l authorise the above pe scheme.	erson to be	assessed under the Staffordshire Cou	nty Council Minibus permit		
Authorised by: (print name)		Signature	Date/		
Invoice should be made out to:					
Address:			Postcode		
Is your establishment (Tick, which applies) connected Staffs County Council City of Stoke on Trent	d to: -	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			
SCVYS Staffordshire CC Academy Other Organisation/ Academy		you notify us of any change of home address. 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)			

How we use your data

We are committed to protecting your privacy and the security of your personal information in accordance with the General Data Protection Regulations 2018. For further information please review our Privacy Notice on the link below:

https://www.staffordshire.gov.uk/transport/roadsafety/Road-Safety-Privacy-Notice.pdf

Completed forms should be sent to:-

Staffordshire County Council, Road Safety Unit, PO Box 3593, Stafford. ST16 9RB

Telephone: 0300 111 8012 Fax: 01785 276612 e-mail: minibus@staffordshire.gov.uk