



**APPLICATION FORM TO JOIN THE REGISTER OF VOLUNTEER CAR DRIVERS**

Please complete this form in **CAPITAL LETTERS** and in **BLACK INK**.  
Please return either by Email to: [NIAS.VCS@Nias.hscni.net](mailto:NIAS.VCS@Nias.hscni.net) or Post to: NI Ambulance Service, Non-Emergency Ambulance Control (NEAC), Altnagelvin Hospital, Glenshane Road, Derry-Londonderry, BT47 6GT. For help and assistance returning this form please telephone: 028 7134 7134 Option 3 or Mobile/Text message: 07771520122.

YOUR NAME: .....

MADIEN NAME (if applicable): .....

ADDRESS: .....

TELEPHONE NO: .....MOBILE NO: .....

EMAIL ADDRESS: .....

DATE OF BIRTH: ..... NATIONAL INSURANCE NUMBER: .....

Your preferred method of contact: Telephone/ Email / Text Message

**YOUR DRIVING DETAILS**

1. How many years have you held a full driving licence?.....  
(i.e. Since passing your driving test)

2. Please state your driving licence number .....

3. For what period is it valid? From Date ..... Expiry Date .....

4. Have you **ever** been convicted of any driving offences\*? Yes / No  
If yes please give details of convictions .....

5. Have you **ever** had your licence endorsed e.g. Penalty Points\*? Yes / No  
If yes please give details of endorsements .....

6. Are there any medical restrictions or conditions on your licence\*? Yes/ No  
If yes please give details .....



7. Are you willing to undertake a health assessment, if applicable? Yes/No
8. Please give details of any car insurance claims where you were at fault that you have had in the past 3 years: .....
- .....
- .....
- .....
- .....

(\* **NOTE** Failure to disclose may result in your application being rejected)

**DETAILS OF YOUR CAR**

1. Make & colour of car: .....
2. Model of car: .....
3. CC (Engine Size): .....
4. How many doors does your car have? .....
5. Type: Hatchback/Saloon etc. ....

**INSURANCE DETAILS**

1. What type of insurance do you have? E.g. Comprehensive/3<sup>rd</sup> Party Fire & Theft, including “business use” and “social, domestic and pleasure” cover.  
.....
2. Name(s) of person(s) insured to drive your car?  
.....
3. **\*\*** Renewal date of insurance .....

**\*\* NOTE:** If your application is successful you will be required to produce your insurance certificate for examination to the Non-Emergency Services Manager or to another officer of the Trust prior to commencing your first journey and at any other time requested to do so.



## REFERENCES

Please provide the names of two character referees (not relatives), whom the Trust can approach to obtain a reference in connection with your application to join the Volunteer Drivers Register.

1. Character\* Referee

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

2. Character\* Referee

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

Preferred Contact: Phone/Text/Post/Email

Preferred Contact: Phone/Text/Post/Email

Some examples of Character Referees are: previous employer, MP (member of parliament), Justice of the Peace, Minister of religion or a professionally qualified person: engineer, lawyer, teacher, shop-keeper, librarian, local business person, local councillor, bank official, established civil servant, police officer or someone of similar standing) who has known you for at least two years and must not be related to you.



**VETTING CONSENT FORM**

**VOLUNTARY CAR SERVICE**

**FAILURE TO COMPLETE WILL RESULT IN YOUR APPLICATION BEING REJECTED**

Volunteer's Name: .....

As you are seeking to join the Register of Voluntary Car Drivers which may involve the transportation of children, young people or elderly or vulnerable adults, the Trust will undertake whatever investigations it considers necessary to determine the suitability of volunteers. These investigations will involve a check with AccessNI as to the existence and content of criminal records. However, a check will not be carried out without your consent.

I do give my consent for a police check to be carried out

I do not give my consent for a police check to be carried out   
(Please tick appropriate box)

**Signature of Volunteer** .....

**Date** .....

Please list any prosecutions, bind-over orders and cautions including any road traffic or motoring offences regardless of date.

.....  
.....

Please state previous addresses for the last 5 years

Address: From ..... To: .....  
.....

Address: From: ..... To: .....  
.....



## CERTIFICATE OF ACCEPTANCE

I have read and understand the Terms of Engagement upon which the Voluntary Car Service is provided and agree to be bound by them. I have been provided with a copy of this document and wish to be registered as a Volunteer Car Driver.

### Personal Declaration

I declare that all the information provided by me is true, complete and accurate.

I understand that an AccessNI check must be carried out by the Trust.

I understand that to be included on the Register for Voluntary Car Drivers I must have satisfactory references, health assessment (if applicable) and AccessNI check.

I understand that I will be asked to show formal identification and insurance documents prior to being placed on the Register.

I confirm that as far as I know there are no medical reasons which would stop me from being on the Register for Voluntary Car Drivers.

I agree that I shall not, except in the proper course of my voluntary work, divulge to any person whomsoever or to otherwise make use of any confidential information concerning the business or finances of the Trust.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_