



Voluntary and  
Community Action  
East Cambs

Here to support voluntary  
and community groups

**East Cambs Social Car Scheme  
Driver Application Form**

First Name(s): .....Surname: .....

Address: .....

..... Postcode .....

Home Tel No:..... Mobile no: .....

Date of Birth: ..... Email: .....

**We need the details of two referees:**

Full Name: .....

Relationship to you: .....

Address: .....

.....Postcode: .....

Email: .....  
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Full Name: .....

Relationship to you: .....

Address: .....

.....Postcode: .....

Email: .....  
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**Driving Details**

Drivers MUST inform their own motor insurance company prior to performing any voluntary driving.

Car Insurance  
Company .....Policy Number.....

Expiry Date ..... Checked by .....

Car MOT Expiry Date ..... Checked by .....  
(if applicable, i.e. if vehicle is 3 years old or more).



### Voluntary Driver Availability and Car Details

<u>Car Details</u>	
Vehicle Registration Number	
Manufacturer and Model	
Colour	
2 or 4 door	
Saloon, Estate, Hatchback	
Are you able to manage folding wheelchairs or other mobility equipment?	Yes / No

Normal availability - please tick if you are willing to do journeys on these days when required

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Willingness to travel to: Addenbrooke's Hospital  
Hinchingsbrooke Hospital (Huntingdon)  
Doddington Hospital  
North Cambs Hospital (Wisbech)  
Peterborough Hospitals  
Princess of Wales Hospital (Ely)  
Queen Elizabeth II Hospital (King's Lynn)  
Other, i.e. out of county when required  
Or local, short distance trips only?

Please return this completed form to Ely Volunteer Centre