

# DRIVERS DECLARATION

**ORGANISATION NAME:** Disability in the Arts, Disadvantage in the Arts  
**DRIVER'S FULL NAME** .....  
**OCCUPATION** ..... **DATE OF BIRTH** .....  
**DRIVERS LICENCE NO** ..... **EXPIRY DATE**..... **YEARS LICENSED**.....

**IN THE PAST 5 YEARS HAS THE DRIVER:-  
 BEEN INVOLVED IN ANY MOTOR VEHICLE/CYCLE ACCIDENTS, HAD A MOTOR  
 VEHICLE/CYCLE BURNT OR STOLEN, OR CLAIMED DAMAGES AGAINST AN  
 INSURANCE COMPANY FOR DAMAGE TO A MOTOR VEHICLE/CYCLE?** **YES / NO**

Date of Loss	Details (incl. who was at fault)	Amount of Damage (\$)	Insurance Co.
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.....	.....	.....	.....

**IN THE PAST 5 YEARS HAS THE DRIVER:-  
 HAD ANY INSURANCE DECLINED, CANCELLED, REFUSED OR SPECIAL  
 CONDITIONS IMPOSED?** **YES / NO**

Date	Details	Insurance Co.
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**IN THE PAST 5 YEARS HAS THE DRIVER:-  
 HAD ANY LICENCE SUSPENDED, CANCELLED OR REDUCED?  
 BEEN CHARGED WITH OR CONVICTED OF, OR PENALISED FOR ANY MOTORING OFFENCES?  
 BEEN CHARGED WITH, OR CONVICTED OF ANY ALCOHOL, DRUG, THEFT OR OTHER CRIMINAL  
 OFFENCE, OR ANY PENDING?** **YES / NO**

Please note the cancellation or suspension period and details of the demerit points an/or fine.

Date of conviction	Type of conviction
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.....	.....

I acknowledge that – I have read and understand the questions asked and the answers provided are true and correct.

**SIGNATURE** ..... **DATE** .....