



BRITISH CHAUFFEURS GUILD LTD.

APPLICATION FOR MEMBERSHIP

SURNAME (Mr/Mrs/Ms/Miss).

FIRST AND MIDDLE NAMES.....

NAME BY WHICH YOU WISH TO BE KNOWN.....

Would you classify your chauffeuring experience/preference as most suitable for (<i>please tick</i>)							
Company	<input type="checkbox"/>	Pool	<input type="checkbox"/>	Various Directors	<input type="checkbox"/>	Singular Director	<input type="checkbox"/>
Household	<input type="checkbox"/>	Gardener	<input type="checkbox"/>	Handyman	<input type="checkbox"/>	P.A.	<input type="checkbox"/>
Valet	<input type="checkbox"/>	Butler	<input type="checkbox"/>	Security	<input type="checkbox"/>	Fleet Transport Management	<input type="checkbox"/>

It is important for us to know as much about you as possible. Please complete this application from in ink, fully and accurately.

DECLARATION

The facts set out in this application for membership are, to the best of my knowledge true and complete. I understand that completion of this form does not guarantee membership. Any misrepresentation or failure to provide information may mean termination of membership. I also enclose any appropriate fee, which I accept will be returned, to me **in full** should my application not be accepted. Furthermore, should my application be accepted, I undertake to honour and promote the good reputation of the 'Guild' at all times, diligently maintain its rules and policies as they may be current and accept the Guild's decisions as final and without any explanation being given.

Signature.....

Date.....

Registered in England under No. 3086546 Licensed by the Department
of Employment under License No. W1095

13, Stonecot Hill, Sutton, Surrey, SM3 9HB

Telephone: 020 8641 1740 Fax: 020 8644 1945

E-mail: bcg.london@btconnect.com www.britishchauffeursguild.co.uk

PERSONAL DETAILS (PLEASE PRINT)

ADDRESS: Post Code: Date of Birth..... Age..... Nationality..... Religion..... Place of Birth..... Height..... Weight.....	Home Telephone No.: Mobile Telephone No.: Business Telephone No.:..... E-mail Marital Status: Single..... Married..... Divorced. Widowed. Separated. Age of Children: Have driven for. Years. IAM: YES/NO Car currently owned (Make): Uniform: YES/NO Cap: YES/NO
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Driving Licence No.:.....	Endorsements:.....	
OFFENCES	Expire Date	Current (YES/NO)
.....
.....

OFFICE SKILLS: Prestige Car Experience: (Name of Makes)	TRAINING COURSES ATTENDED
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Are you Rolls Royce trained? YES/NO Cert. YES/NO Total year's experience.....

Have you been convicted of a criminal offence in the past 10 years: YES/NO
 If YES give details:

FOREIGN LANGUAGES QUAIFICATIONS

Languages	Speak			Read			Write		
	Fluent	Fair	Slight	Fluent	Fair	Slight	Fluent	Fair	Slight

EDUCATION (from Secondary School)

Dates	Name & Address of School or College	Qualifications
From To		Gained with dates

(three persons, who have known you over two years who are not relatives or former employers)

Personal References

NAME.....	NAME.....	NAME.....
OCCUPATION..... ADDRESS.....	OCCUPATION..... ADDRESS.....	OCCUPATION..... ADDRESS.....

Current Employment Status: i.e. Self-Employed/PAYP/Unemployed

Sports Interests: _____

Spare Time Activities:

Please give details of your hobbies and interests: _____

HEALTH QUESTIONNAIRE

1. Have you within the last 12 months had any illness or accident which caused you to be off work for two weeks or more? YES/NO

If YES please give

details: _____

2. Have you within the last three years attended any out-patient clinic or had a course of treatment (tablets, Injections, physiotherapy) lasting one month or more? YES/NO

3. Are you receiving medical treatment at present YES/NO

4. Have you had, or do you suffer from any of the following? (Please tick box)

Epilepsy

Disorders of sight or hearing

Ulcers

Dyslexia

Heart trouble

Disorders of the skin

Diabetes

Allergy (to drugs, or handling any substance)

Back or joint pains

Rheumatism

5. Have you ever been refused employment or dismissed on medical grounds? YES/NO

6. When did you last have a full medical?

Are you a registered First-Aider? YES/NO

Person to contact in the event of an emergency

Relationship.....

Name.....

Address.....
.....
.....

Telephone No.....

Please ensure that you have enclosed (please tick)

A. Photocopy of your Driving Licence

B. Photocopy of any references and diplomas you have if any

C. Four Passport photos of yourself

D Your appropriate Fee made Payable to "British Chauffeurs Guild Ltd"

E Ensure you have signed the front of this form