

2021 Application for a Motorsport UK Demonstration Driver Permit



Fill in this form to apply for a Motorsport UK Demonstration 'Driver Permit'. The Demonstration Driver Permit is for participants in demonstrations being held under a Motorsport UK Permit and in conformity with the Motorsport UK Demonstration Guidelines and conditions attached to the relevant Permitted Event.

Any questions? We are happy to help, call us on 01753 765050


SECTION 1 | YOUR DETAILS (Please write clearly in block capitals)

Surname _____
First name(s) _____
Gender Male Female Date of birth DD / MM / YYYY
Address _____

Postcode _____
Phone number _____ Mobile _____
Email address _____
Nationality _____ Previous licence number
(Non-British passport holders MUST enclose proof of residency in the UK. E.g a utility bill or bank statement)
Nationality and type of any other Competition Licence you hold _____
I am applying for the following Demonstration Driver Permit International National Kart

PLEASE ATTACH A PHOTOGRAPH HERE IF YOU HAVE NEVER SUPPLIED ONE TO US BEFORE, OR IF THERE HAS BEEN A MATERIAL CHANGE TO YOUR APPEARANCE (WRITE YOUR NAME AND DATE OF BIRTH ON ITS REVERSE).

SECTION 2 | YOUR MEDICAL SELF DECLARATION

 **MANDATORY FOR ALL APPLICANTS. All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you. In all cases if you ANSWER YES please list and explain. Please see points 2 and 9 in the declaration (section 3).**

	YES	NO
1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you take, or have you recently taken any of the substances on the World Anti-Doping Agency prohibited list? (see H38 or www.wada-ama.org)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a history of drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an epipen, or similar device?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrhythmia, angina, or high blood pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) eg Aspergers?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 | YOUR MEDICAL SELF DECLARATION CONTINUED

17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?
18. Are you profoundly deaf and unable to hear?
19. Have you ever had any operations or surgical procedures in the last 2 years?
20. Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle?
21. Please specify your Height and Weight: Height _____ cm Weight _____ kg

If you have ticked 'Yes' to anything please provide further details including the date of diagnosis / injury / surgery, and the treatment / name of any medication you received or are still receiving.

SECTION 3 | DECLARATION, APPLICANT SIGNATURE AND PARENT/GUARDIAN COUNTERSIGNATURE

Please read the following statements and sign below, to confirm your understanding and acceptance.

Although this is not a Competition Licence nor valid for competition use the terms and conditions are identical to a Motorsport UK competition licence and the Holder is bound by the terms of the General Regulations including all policies relating to conduct and safeguarding. The granting of an International Demonstration Driver Permit authorises the holder of it to demonstrate any relevant vehicle. The holder of a Kart Demonstration Driver Permit is only entitled to demonstrate a classic or historic kart.

- I understand and will comply with the 'What you need to know about your motorsport licence' booklet which is available in the resource centre of www.motorsportuk.org.
- I confirm that the information given on this application form and any supporting documentation is true and complete. I have taken full responsibility for completing the form and have not delegated any part of my responsibilities to any other person. If I provide false information I understand that I may face financial penalties and Motorsport UK may take disciplinary action against me, which may lead to my licence being permanently withdrawn. Failure to complete the form accurately with full disclosure may void insurance cover.
- I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that if I do so, Motorsport UK may take disciplinary and or other action against me (see General Regulations A.2.2.1.3, 2.2.1.4, H.3.1.2 and H.6).
- I undertake for the purpose of this application to never make use of drugs or of prohibited methods such as are defined in the Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping regulations of the FIA (see H38 or www.wada-ama.org) and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn.
- Motorsport UK operates a zero tolerance policy to the use of drugs and alcohol and I therefore confirm that I will not take part in any practice or competition while under the influence of drugs or alcohol and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn. I agree to submit to all testing protocols required.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct to the best of my belief.
- I agree to Motorsport UK's Medical Consultant obtaining medical reports (if required) from any doctor who has ever seen me about anything which affects my physical or mental health. I have read General Regulation H.9.2 setting out my rights and the procedures for dealing with medical reports.
- I understand that if any medical conditions arise during the validity of my licence, including (but not limited to) accidents at motorsport events, I must inform Motorsport UK's Medical Administrator prior to competing in any further motorsport events. I shall conform to all applicable COVID-19 protocols.
- Where a medical report is provided by a doctor other than your own registered General Practitioner, we may ask for confirmation from your own GP. Where additional or specialist medical reports are deemed necessary, or clarification is required, this may result in a delay in your application. You should not commit to entering any event until your application has been approved.
- I understand Motorsport UK needs to collect, process and retain personal information about me including medical details contained in this application in order to issue my licence and to perform its obligations under the General Regulations, in accordance with its Data Protection Policy found at www.motorsportuk.org/data-protection or by contacting us at privacy@motorsportuk.org. I also understand Motorsport UK would like to use such information for the purposes, as specified in its current Data Protection Policy, which I have read and understood.
- A competitor shall not have time off school to participate in motorsport without the prior written approval of their school (see H7.1).
- I understand that any Competition Licence issued will remain the property of Motorsport UK which reserves the right to withdraw or suspend it at any time. The reason(s) for any withdrawal or suspension shall be stated (see H3.1.2).
- I hereby consent to the collection, safe processing and retention of my current and future medical data, obtained by Motorsport UK, in pursuance of its obligations as the authorised national sporting authority.

Part 1

Applicant's signature

Applicant's name (block capitals)

Date

DD / MM / YYYY

Part 2 (If under 18)

Parent or guardian's signature

Parent or guardian's name (block capitals)

Date

DD / MM / YYYY

In the event of an accident, Motorsport UK may share your information with the FIA Motor Sport World Accident Database. To opt-in please tick here.

If you would like to receive information from carefully selected organisations and partners other than Motorsport UK and its member clubs via postal or electronic means, please tick the box.

Please return this form and any additional information you have to provide to:

**Motorsport UK, Motorsport UK House, Riverside Park, Colnbrook SL3 0HG.
Registered in England. Registered number 1344829.**