

Appendix 10: Driver Agreement Form

Driver Agreement Form

All University staff and other individuals including students and contractors intending to use a vehicle for University business must complete this form and have it AUTHORISED appropriately. A copy is to be retained by the appropriate department manager.

Driver Details

Name _____ University ID _____
Department _____ Role (circle) Staff Student Visitor
Date of birth _____ Licence number _____
Class of License _____ License issue date _____
License expiry date _____ Special conditions _____
Country of issue _____ Sighted YES NO

I acknowledge that I have read, understood and will abide by the University's Motor Vehicle Policy (2008) and the School of Environment Vehicle Use Guidelines (2015).

If the vehicle I am driving is not a University owned or rented vehicle it must be privately insured, have a current WOF and licence and be fit for purpose. If I am a student I must NOT drive other students unless I am specifically authorised to do so.

I also acknowledge that any changes of circumstance related to the above details or my driving ability must and will be advised to my manager immediately. I acknowledge that failure to do so may invalidate insurance cover and could result in disciplinary action. If an accident occurs and I am found to be negligent I may be asked to reimburse the University's insurance excess.

Signed by Driver _____ Date _____

School of Environment Authorisation

The driver has completed the fields and requirements above and their drivers licence has been sighted (or a copy provided) and is correct. With this approval has been given to the person named on this form to drive a University vehicle on business.

Name of Authoriser _____ Position _____

Signature of Authoriser _____ Date _____

Extended Authorisations

- Transport > four passengers
- Driving off-road
- Quad bike

Name and Signature of Authoriser
