



Annual Driver Declaration Form

This form must to be completed by any member of staff who wishes to drive on University business. This includes staff who are required to drive University vehicles as an essential part of their work (e.g. Estates, Catering, Student Support and Well-being and Campus Support staff) and those who either hire a vehicle or choose to use their own private vehicle on University business.

University business shall be defined as all journeys to and from premises other than your usual place of work, for example, to attend seminars, conferences, meetings, training courses, placements, partner schools and as part of the Network of Hope. Please note that journeys between your home and your permanent place of work are considered to be private journeys.

Please complete this form and return via email to insurance@hope.ac.uk together with the following:

- 1) A photocopy or scan of your Photocard Driving Licence (both sides), and
- 2) A DVLA Licence Summary¹ (available from <https://www.gov.uk/view-driving-licence>)²

Your Name:	
Department:	
Driving Licence Number:	
Country of Issue: (e.g. UK, IRL)	
Date B Licence Test Passed:	
Age at time of test (if you are under 25):	

Please mark 'X' in the relevant box.	I am a member of staff	
	I am a student	
	Other (please state)	

Are you applying to drive? (Please mark 'X' in the relevant box.)	A University owned or leased vehicle	
	A hire car (on either a short or long term basis)	
	A minibus	
	Your own private vehicle	

¹ This service is only available for those licences issued by England, Scotland and Wales. For all other, please contact the Insurance Section.

² Following the abolition of the paper counterpart to the British driving licence on 8th June 2015 the online system was introduced as the way for driving licence details to be checked and verified. To provide your DVLA Licence Summary you will need; your driving licence number, your National Insurance number and the postcode on your driving licence. You will need to click on '**Share your licence information**'. You can save the Licence Summary as a pdf and attach to this form.

If you answer 'YES' to any of the questions below, full details must be supplied and submitted with this form for approval:		YES	NO
1. Have you resided in the British Isles for less than three years?			
2. Have you been involved in any motor accidents, losses or claims (other than windscreen claims) during the last 3 years irrespective of blame?			
3. During the last 11 years, have you been disqualified from driving?			
4. (a) Have you been convicted of any motoring offences (including fixed penalty offences) during the last 5 years?			
4. (b) Is any prosecution pending?			
5. Do you suffer from diabetes, epilepsy, defective hearing or vision, heart condition, or any other physical or mental disability, infirmity or disease?			
6. Have you ever had any motor vehicle insurance you hold or have held, declined, cancelled or refused at normal terms?			
<u>If you are applying to drive a minibus please confirm the following:</u>			
7. Do you hold a full D1 (or D) PCV entitlement licence?			
8. Have you undertaken the Midas (Minibus Driver Awareness Scheme) Training for Minibus Drivers?			
9. Date training was undertaken:			

<p>Declaration</p> <p>I certify that the information provided above is correct to the best of my knowledge. I declare myself as medically fit to drive. I hereby declare that if I use my own vehicle for University business I will ensure that the vehicle is taxed, has a current MOT certificate, is serviced regularly and is roadworthy, and that insurance is in place which includes 'for business use'. I agree to take responsibility for any fines in respect of traffic, parking or speeding offences incurred whilst I am a driver of the vehicle. I also undertake to notify the University of any accident that occurs whilst I am responsible for one of the University's vehicles ASAP. I hereby declare that I have read and am fully conversant with the University's Driving at Work Code of Practice and agree to abide by its terms. I agree that I am duty bound to notify immediately my Line Manager should any details change that would prevent me from driving. I accept that my information may need to be shared with the University's insurers. I understand that this data will only be used for the purposes of motor insurance and will be held in accordance with the EU General Data Protection Regulations and the Data Protection Act 2018.</p> <p>Signed: _____ Date: _____</p>	
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<p>Line Manager's Approval</p> <p>I approve the named driver to drive on University Business.</p> <p>Name: _____ Signed: _____ Date: _____</p> <p style="text-align: right;">Valid for 12 months from this date.</p>		
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