

## Staff Vehicles - Declaration

This form must be completed by every member of staff before their vehicle can be used on any form of school business.

|       |                  |               |
|-------|------------------|---------------|
| Name: | Make of Vehicle: | Registration: |
|-------|------------------|---------------|

|                    |                                   |
|--------------------|-----------------------------------|
| <b>Declaration</b> | <b>Please circle your answer:</b> |
|--------------------|-----------------------------------|

I confirm that the above vehicle:

|  |          |
|--|----------|
| Is properly taxed:                           | YES / NO |
| Has a current MOT Certificate, or is exempt: | YES / NO |
| Is roadworthy:                               | YES / NO |

I confirm that I:

|   |          |
|---|----------|
| Have suitable insurance cover:<br>(For members of staff this means you must have Business Use included in your policy wording.) | YES / NO |
| Am medically fit to drive:  | YES / NO |
| Have an appropriate license:  | YES / NO |
| Will ensure that pupils only travel in three-point seat belts:  | YES / NO |
| Will ensure that children under 135cms (4'-5") or under 12 years of age, are seated on booster cushions:                        | YES / NO |

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

Please return this form to the Health & Safety Officer.