**ANNUAL DRIVER DECLARATION AND AUTHORISATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Employee No: |  |  |  |  |  |  |  |  |
| Job Title: |  |
| Location: |  |
| Driving License Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DRIVER DECLARATION** To be completed by all employees who drive as part of their job or on council business, whether council fleet, pool cars or own vehicles. |
| **This is a declaration that I** [print name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Have produced my latest license for review by my line manager;
* Have no pending convictions, endorsements or disqualifications;
* Will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible;
* Agree to comply with the Driving at Work Policy and Green Transport Policy (where applicable) and the guidelines set out in the Driving at Work Procedure and Green Transport Procedure (where applicable);
* Have had no change in my health, which could affect my entitlement to drive, in particular:

**For ALL licenses:**

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| * Epilepsy
* Repeated attacks of sudden disabling giddiness (dizziness that prevents me from functioning normally)
* Fits or blackouts
* Diabetes controlled by insulin
* An implanted cardiac pacemaker
* An implanted cardiac defibrillator (ICD)
* Persistent alcohol abuse or dependency
* Persistent drug abuse of dependency
* Parkinson’s disease
* Any condition affecting my visual field (the surrounding area I can see when looking directly ahead)
* Total loss of sight in one eye
* Any condition affecting both eyes, or the remaining eye only (not including short or long sight or colour blindness)
 | * Stroke, with any symptoms lasting longer than one month, recurrent ‘mini strokes’ or TIAs (Transient Ischaemic Attacks)
* Any type of brain surgery, severe head injury involving inpatient treatment, or brain tumour
* Any other chronic (long-term) neurological condition
* A serious problem with memory or episodes of confusion
* Severe learning disability
* Serious psychiatric illness or mental ill-health
* Narcolepsy or sleep apnoea syndrome
* Any persistent limb problem for which my driving has to be restricted to certain types of vehicles or those with adapted controls
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**In addition, for Vocational licenses:**

|  |  |
| --- | --- |
| * Angina, other heart conditions or heart operation
* Diabetes controlled by tablets
 | * Visual problems affecting either eye
* Any form of stroke, including TIAs
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If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform the DVLA in writing. Failure to do so is a criminal offence punishable by a fine of up to £1000 and would also constitute an act of gross misconduct with respect to the council’s Code of Conduct.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**You are required to complete a Driver Declaration annually. Now pass this declaration to your line manager unless you are seeking authorisation to use your own vehicle for business purposes in the section below.** |
| **OWN VEHICLE USE AUTHORISATION REQUEST**To be completed by employees seeking authorisation to use their own vehicle for business purposes. |
| I confirm that I have:* Read and understood the council’s Policy on Business Travel and Subsistence;
* Have produced my Vehicle Insurance Certificate (including business use) and MOT Certificate (where necessary) for review by my line manager;
* Discussed using my own private vehicle on council business with my line manager; and
* Agreed the circumstances where the use of my own private vehicle would be the most appropriate mode of business travel.

Vehicle Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**You will be required to have your own vehicle use authorised annually. Please now pass this form to your line manager.** |

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| **OWN VEHICLE USE AUTHORISATION ONLY**To be completed by line manager for employees seeking own vehicle use only. |
| Please provide the reasons why and circumstances when it is appropriate and more efficient for travel to be undertaken in the employee’s own vehicle, as discussed and agreed with the employee: |
| The documents below must be checked and confirmed as current and valid for use of a private vehicle on council business in accordance with the council’s Policy on Business Travel and Subsistence:

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| --- | --- | --- | --- |
| Vehicle Insurance Certificate (including business use): |  |  MOT Certificate (where necessary): |  |

Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Service Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Service Manager signature is only required once as initial authorisation for own vehicle use, Line Manager Signature will be required annually to confirm appropriate documentation checks have been carried out. |

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| **LICENSE CHECK AND AUTHORISATION**To be completed by line manager for all employees who drive as part of their job or on council business, whether council fleet, pool cars or own vehicles. |
| **Type of License and Expiry**

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| --- | --- | --- | --- |
| **License** | **Class** | **Tick** | **Expiry Date** |
| A | Motorcycle (>33hp) |  |  |
| A1 | Motorcycle (<125cc) |  |  |
| B | Car/Van (<3,500kg m.a.m.) |  |  |
| B + E | Cat B + Trailer, combined weight > 3,500kg |  |  |
| B1 | Quad Bike (<550kg) |  |  |
| C | HGV with Trailer (<750kg) |  |  |
| C + E | Cat C + Trailer (>750kg) |  |  |
| C1 | LGV < 7.5T + Trailer <750kg |  |  |
| C1 + E | Cat C1 + Trailer (>750kg), combined weight <12T |  |  |
| D | Bus > 8 seats (PSV) |  |  |
| D + E | Cat D + Trailer (<750kg) |  |  |
| D1 | Minibus 9-16 seats + Trailer (<750kg) |  |  |
| D1 + E | Cat D1 + Trailer (>750kg), combined weight <12T |  |  |
| F | Agriculture |  |  |
| G  | Road Roller |  |  |
| H  | Tracked Vehicle |  |  |
| K | Mowing Machine |  |  |
| P | Moped (<50cc + <50km/h) |  |  |

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|  | **Offences** | **Points** |
| Does the license have any current endorsements? |  |  |

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| --- | --- | --- |
|  | **Yes** | **No** |
| Has the employee held a license for less than 12 months? |  |  |

If yes, a full driving assessment is required by a council officer before authorisation can be given to drive a council vehicle. |
| **DRIVING AUTHORISATION**I confirm that the appropriate checks have been completed and the employee is authorised to (tick all that apply):* drive a council vehicle (fleet) as part of their job
* drive on council business (eg pool cars)
* drive a private vehicle on council business (subject to own vehicle authorisation above)

Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Completed Driver Declaration and Authorisation forms should be kept by Line Managers and undertaken annually. Line Managers should update driver authorisation details on People Manager. See** [**People Manager User Guide**](https://intranet.westlothian.gov.uk/media/46580/People-Manager-User-Guide/pdf/People_Manager_guide_18lwu97trvtd8.pdf?m=637925488080970000) |

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