**FALKIRK COUNCIL**

AUTHORISATION TO DRIVE ANNUAL CHECK

***Employees who drive a Council vehicle and/ or their own vehicle on Council business, should complete this form. This includes any vehicle which is owned, leased or hired by the Council.***

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| **1. EMPLOYEE DETAILS**  |
| Name: | Service: |
| Work Location: |
| Address: | Employee No: |
| Date of Birth: |
| Type of Vehicle to be driven on Council business:Own car Council vehicle (including pool car) BothOther (please specify)  |
| **2. HEALTH**  |
| If you suffer from a condition which may impact upon your ability to drive, you must advise your manager and note this below: It is a requirement of the Road Traffic Act 1988 that all drivers have good vision and therefore it is your responsibility to ensure that you undergo periodic eye sight tests. Please confirm that your vision meets the standard required for driving. **YES/NO** |
| Has your GP placed any restrictions on work or driving? **YES/ NO****If Yes describe:** |
| **3.a DRIVER LICENCE DETAILS (all employees)** |
| Licence No: | Expiry Date: |
| Does your licence cover you to drive the type of vehicle stated at Section A item 1 above? **YES/ NO**DVLA Check Code *(To enable your manager to verify your licence details with the DVLA, you should provide a check code available from the DVLA website www.gov.uk/view-driving-licence)* |
| **3.b DRIVER LICENCE DETAILS** **(FOR DRIVERS OF COUNCIL VEHICLES ONLY)** |
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| **Do you hold a full PCV (Passenger carrying vehicle) licence?** **YES / NO** (Only to be completed by those driving a vehicle having 9 or more seats) *If ‘yes’ you are required to present your licence for inspection by your line manager when submitting this form. Please also supply the following details:* Type: Hire/ Reward/ Restricted Enter any restrictions relating to PCV shown on licence:Category of vehicle description: Expiry Date: |
| **Do you hold a Full LGV (Large Goods Vehicle) Licence?** **YES/ NO**(Only to be completed by those driving a LGV over 7.5 tonnes) *If ‘yes’ please supply the following details:*Category of vehicle description:Expiry Date: |

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| 1. **DETAILS OF ANY POTENTIAL DRIVING CONVICTIONS/ ENDORSEMENTS NOT YET RECORDED ON DRIVING LICENCE**
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| N.B Any employee, who drives a vehicle on Council business and who has accumulated 8 penalty points or more on their licence will require to undertake a “Driver Risk Assessment” with their line manager.  |
| **5. MOT & INSURANCE DETAILS:** **(FOR DRIVERS OF NON COUNCIL VEHICLES ONLY)** |
| What is the registration no. of your vehicle?Does your vehicle require an MOT certificate? **YES/NO**If ‘yes’ please indicate the expiry date on the MOT certificate:*Nb: If the vehicle is under 3 years old an MOT certificate and expiry date will not be required.*Do you have current insurance for your vehicle that covers business use? **YES/NO**  Is your vehicle roadworthy? **YES/NO**  |

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| **6. DECLARATION BY EMPLOYEE** |
| * The details given above are accurate and I understand that it is an offence under the Road Traffic Act knowingly to make a false statement to obtain insurance cover or to drive a vehicle without insurance cover;
* I will notify my line manager immediately of any change in driving status (health/ vision/convictions/insurance) which may have an impact on my ability to drive;
* I understand that all information provided will be treated in confidence;
* I understand that I may be subject to spot checks in respect of my licence, insurance and MOT documentation.
* I have received and read a copy of the Driver’s Code of Conduct

Signature: Date: |
| **7. MANAGER APPROVAL** |
| I confirm that I have checked the appropriate documents as referred to above and am satisfied that this employee is fit to drive. |
| Signature: | Designation: |
| Print Name: | Date: |

 **THIS FORM SHOULD BE SAVED/FILED IN THE EMPLOYEES FILE FOR FUTURE REFERENCE.**