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Health & Safety Services

Unit name goes here

# University Driver record form

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| **PART 1A: To be completed by the Driving Licence Holder** |
| **Driver’s full name:** |  |
| **Date of Birth :** |  |

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| **Note: This form should only be completed for University Drivers i.e. employees who:** * drive University owned or leased vehicles or frequently drive hire vehicles on University business
* OR are employed as drivers or are required to drive by their job description or terms & conditions of contract, as an integral part of their employment
* OR frequently drive University students on official journeys

**Forms do not need to be completed for employees who use their own vehicles or hire cars for convenience on a casual basis, in order to undertake some element of their role for the University, and who do not meet the conditions set out above.**  |
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| **DRIVER ASSESSMENT** **Tick which categories apply to you:** | **Tick if Yes****✓** |
| **1** | Drive University owned, or leased/hired vehicles. |  |
| **2** | Employed as a driver or required by my job description or contract of employment to drive as an integral part of my employment. |  |
| **3** | Frequently drive University students on ‘official’ journeys e.g. field work. |  |
| **If any of 1 to 3 are ticked, the driver must complete Cardinus Safe Driver Plus assessment and training. Should the assessment show that the driver is high risk they may be required to attend on-road driver training or other enhanced driver awareness training – manager to consult Health & Safety Services for advice.** |
| **4** | Drive minibuses, 4 wheel drive vehicles off road, fork lift trucks or other special vehicles. |  |
| **If 4 is ticked, the driver may be required to attend special training – see Table 1 of the Driving for Work policy document.**  |
| **5** | Have more than 6 penalty points currently in force.  |  |
| **6** | Have had a road traffic accident when driving on University business, within the last year. |  |
| **If 5 or 6 are ticked, the driver may be required to attend on-road driver training or other enhanced driver awareness training – manager to consult Health & Safety Services for advice.** |

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| **MEDICAL HISTORY** |
| **7** | Do you have any medical condition/disability that may affect your ability to drive? (See Driving for Work Policy Appendix 3)  |  |
| **8** | Have you been prohibited from driving due to a medical condition? |  |
| **9** | Have any driving conditions been placed on you by the DVLA?  |  |
| **10** | Are you taking any medication that may affect your driving?  |  |
| **11** | Do you have any eyesight defects that cannot be corrected by glasses or contact lenses? |  |
| **IF THE ANSWER IS YES TO ANY OF Q7–11 THE MANAGER SHOULD SEEK ADVICE FROM OCCUPATIONAL HEALTH**  |
| I declare that the information provided for the completion of this form is, to the best of my knowledge correct. I will immediately inform my Manager of any changes to the information provide. I am aware that a failure to do so may result in disciplinary action against me.I consent to a DVLA licence check being carried out.  |
| **Signed (Licence Holder):** |  | **Date:** |  |

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| **PART 1 B:** *To be completed by Manager* |
| DRIVERS LICENCE AND VEHICLE DOCUMENT CHECKIt is recommended that driving licences for University Drivers, and MOT Certificates and insurance certificates for vehicles where relevant, are checked annually. For nominated drivers of University owned or leased vehicles, the University fleet management company, Wessex Fleet Solutions, offers a licence checking service. Additional licences can be checked by Wessex for a fee. Alternatively checks can be made direct with [**DVLA**](https://www.gov.uk/employing-people-to-drive). Ask to see the driver’s original documentation before initiating checks, and obtain the driver’s consent. Information on UK licences is available on the Directgov web site at <http://www.direct.gov.uk/en/Motoring/DriverLicensing/index.htm>. |
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| **12** | Note driver number (required for a licence validation check):  **Driver No**. |
| **13** | Has the licence been checked as valid with DVLA? |  |
| **14** | Note category of licence (see Table 2 below)  | **Category:** |  |
| **15** | Is the category of licence appropriate for the vehicle to be driven? |  |
| **16** | Does the driver have more than 6 points on their licence? If yes, consult H&SS.  |  |
| **IF THE ANSWER IS ‘NO’ TO ANY OF QUESTIONS 13- 16, or if wessex advise that the driver is not entitled to drive, THE MANAGER SHOULD SEEK ADVICE FROM HEALTH & SAFETY SERVICES**  |
| **PRIVATE VEHICLES USED FOR WORK PURPOSES (if applicable)** | **Tick if Yes** |
| **17** | Is the MOT certificate valid (where appropriate)? |  |
| **18** | Does the insurance cover include business use?  |  |
| **19** | Is the insurance certificate up-to-date and valid for the driver and vehicle?  |  |
| **IF the answer TO QUESTIONS 17 - 19 IS ‘NO’, the DRIVER MUST NOT USE their PERSONAL VEHICLE FOR WORK** |
| **DRIVER RECORD** |
| **20** | Has on line Cardinus Safe Driver Plus training been completed? |  |
|  | Date completed: |  |
| **21** | Is on-road driver training required as a result of assessment showing high risk or answering yes to questions 5 or 6 above (consult Health & Safety Services)?  |  |
|  | Date completed: |  |

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| **22** | Is further or special training required? *(Towing, carriage of dangerous goods, fork lift truck, tractor driving, minibuses etc.)* |  |
|  | Type: |  |
|  | Date completed: |  |
| **23** | Is advice required from Occupational Health? |  |
| Specific requirements or restrictions: |

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| Signed: (Manager/Administrator):  |  |
| Name: |  |
| School/Function: |  |
| Date:  |  |

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| Date reviewed:  |  |
| Review comments: |  |
| Name/signature: |  |

It is recommended that documents are checked annually.

Form to be retained by School/Function until such time as refresher training has been completed. All staff training should be logged on Trent.