



# DRIVERS DECLARATION FORM

**This form is required to be completed by members of staff and matriculated students requesting permission to drive University owned/leased/hired vehicles for University business. A driving licence must be held for a minimum of 6 months before you are eligible to become an authorised driver.**

## Personal Details

|   |  |
|---|--|
| Name                                    |  |
| Home address                            |  |
| School/Department/Club                  |  |
| Email address                           |  |
| <i>Students only: Matriculation No.</i> |  |

## Licence Details

|  |  |
|--|--|
| If you have:   |  |
| -a GB driving licence, please visit <a href="https://www.gov.uk/view-driving-licence">https://www.gov.uk/view-driving-licence</a> and print out your driving licence details for all 3 sections, photocopy both sides of your photocard driving licence and attach to this form. |  |
| -an Irish / Non-GB driving licence, please photocopy both sides of your driving licence and attach to this form.   |  |
| Expiry date of photocard driving licence   |  |

## Driving Details

|  |                                      |
|--|--------------------------------------|
| Year passed official driving test  |                                      |
| How many years have you been driving?  |                                      |
| Approximately how many miles did you drive during the past year?   |                                      |
| Vehicle you normally drive   | Make: _____ Model: _____ Year: _____ |
| Have you been involved in any motor accidents during the past five years?  | YES NO                               |
| Have you ever been suspended or discharged from employment as a result of a motor accident or a series of accidents? | YES NO                               |
| Has any Insurance Company declined to insure you or imposed special terms while you were driving?                    | YES NO                               |

## Medical Details

|  |        |
|--|--------|
| Do you have any medical conditions that may affect your driving? | YES NO |
| If yes, is the DVLA aware of this condition?                     | YES NO |

If you have answered 'yes' to any of the above questions, please provide details:

|  |
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|  |
|--|

## Declaration:

- I certify that the information provided above is correct to the best of my knowledge.
- I agree to inform the Insurance Office of any changes to my details or driving licence.
- I attach a photocopy of both sides of my valid photocard driving licence and a print out of my driving details.
- Signing this form indicates acknowledgment that the School/Directorate/Society/Club is responsible for any excess charges.

**\*\* In the event of an accident, please report the incident to Zoë Rae on 01382 384043. If Zoë is unavailable, please contact Gordon Campbell on 01382 384045.**

|  |  |      |  |
|--|--|------|--|
| Signature                                    |  | Date |  |
| Signature of Head of Department/School/Club  |  | Date |  |
| Print Name of Head of Department/School/Club |  |      |  |

**Please email this form and attachments to [insurance@dundee.ac.uk](mailto:insurance@dundee.ac.uk)**