

**Authorised Driver Registration Form**

All University Authorised Drivers, including current and new members of staff, are required to complete the form below. This form along with the driver’s licence must be submitted to the Insurance Section, Finance Department.

**Driver / Licence Details (please complete in full)**

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Job title: | Date of Birth: / / 19 |
| School / Department: |
| Email address: |
| School/Department contact name and email address who has authorised: |
| DVLNI / DVLA Driving Licence No: |
| Date Test Passed: / / 19 | Categories of Entitlement: |
| Eyesight meets the required standard for driving on a public road (with glasses or corrective lenses, if required)? | YES / NO |
| Details of Illnesses or Disabilities that may affect your ability to drive:If so, have the DVLA been notified? YES / NO / Not Applicable  |

**Motoring Accidents (please list all accidents in the last 5 years):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (MM/YYYY) | Description of Accident | Approx Costs (£) | Fault (Y/N) | University Business related (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Motoring Offences (please list all offences inc. pending convictions in the last 5 years):**

|  |  |  |
| --- | --- | --- |
| Date (MM/YYYY) | Description of Offence | Fine/Ban/Penalty Points |
|  |  |  |
|  |  |  |
|  |  |  |

**Declaration**

I have provided the necessary information in relation to the University’s Insurance Policy and agree to notify immediately the Insurance Section should any of the above details change during the course of the year:

|  |
| --- |
| Signed: Date: / / |