

Driving on Company Business Declaration Form

Name: Date:

Please tick each box to confirm that you have read and understand the documentation or that you agree to the statement.

I confirm I have read, understand and will abide by the following:	✓
H&S07 Driving at Work Policy	
H&S08 Driver Handbook	

I confirm I have read, understand, signed, returned and will abide by:	✓
RA24 Driving a Vehicle on Company Business Risk Assessment	
Use of Mobile Phones Whilst Driving Company Vehicles and Personal Vehicles on Company Business	

Health Declaration: Please tick to confirm your agreement	✓
I declare that I am currently fit to drive on Company Business and I confirm that I will immediately advise my Supervisor/Manager of any conditions (with my health or eyesight) that may affect my ability to drive.	
If I have any conditions that may affect my ability to drive (with my health or eyesight), or the Company believe I have any conditions that may affect my ability to drive, I understand that I will be asked to attend a medical check by our occupational health and general medical services provider All Health Matters (www.allhealthmatters.co.uk).	
Please visit www.patient.info/dvla for further details and make your Supervisor/Manager of any conditions that may affect your ability to undertake to drive on Company Business.	

Licence Declaration: Please tick to confirm your agreement	✓
I declare that I have a valid driving licence which Plastica have retained a copy of and I have provided a 'check code' for that licence to be checked online (www.gov.uk/view-driving-licence). I also confirm that if I lose my licence or gain points on my licence until I am next requested to provide a copy, I will inform my Supervisor/Manager immediately. I further understand that if driving is an essential part of my role at work, losing my licence may affect my employment by the company.	

Insurance Declaration: Please tick to confirm your agreement	✓
<u>Only required if you are driving your own vehicle on company business</u>	
I declare that I have valid insurance covering my vehicle for driving on company business	

Personal Declaration: I confirm that the information provided above is accurate and I understand that a false declaration could result in disciplinary action being taken against me.	
Signed:	Dated:

HR Use Only:	✓
Copy of Driving Licence on file	
Copy of Driving Licence Check Form (www.gov.uk/view-driving-licence) on file	
A signed copy of RA24 Driving a Vehicle on Company Business Risk Assessment on file	
A signed copy of use of Mobile Phones Whilst Driving Company Vehicles on file	