**8.1 Private Vehicle Registration Form**

**To be completed by drivers**

Purpose of the form:

* to register the private vehicles used for the transport of individuals in connection with away fixtures or tours.
* to inform drivers of the need to amend their insurance if they intend to use their vehicle on behalf of the club, and if passengers are being carried in connection with club activities or events.
* the form must be completed by the driver of any private vehicle used for the transportation of individuals to and from an activity.
* completed forms must be handed to the Child Protection and Safeguarding Officer, Tracey Sharpe or Juliet Dormer before undertaking any trips.
* It is good practice to have 2 adults in the car with U18s.

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| --- | --- |
| **Driver Details** | **Vehicle Details** |
| Full Name: | Registration No: |
| Address: | Colour: |
| Name of Registered Keeper: |
| Postcode: | Make: |
| Tel: | Model: |
| Driving Licence No and Type (e.g., full): | |
| Other members authorised to drive vehicle: | |
| MOT Expiry Date | |
| Insurance Company | |
| Insurance Expiry Date: | |
| Road Tax Expiry Date: | |
| Name of 2nd Adult in car: | |

**Declaration:**

Please tick each box that applies to you:

|  |  |
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| I have informed the insurance company of my intention to transport members on behalf of the Department of Sports Development and Recreation |  |
|  |  |
| I have stated if I will be claiming expenses in connection with this additional use. |  |
|  |  |
| I have extended the insurance policy and paid any additional premium as required by the insurance company |  |
|  |  |
| My vehicle is roadworthy and complies with all current traffic legislation. |  |
|  |  |
| I will inform all passengers of the legal requirements to wear seatbelts when the above vehicle is being used on behalf of the club |  |
|  |  |
| I am aware that it is not good practice to give individuals a lift on their own unless they are adults. |  |
|  |  |
| I declare that the information stated here is correct and that I will inform the Department of any changes. |  |

|  |  |
| --- | --- |
| Signed |  |
| Printed |  |
| Date |  |
| *Office Use Only*  **APPROVED DRIVER**  **Name**  **Registration number**  **Signed**  **Date**  *Department representative* | |