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|   **Use of Private Vehicle Declaration**  |

***Staff should complete this declaration prior to using their own private vehicle for Flinders University business, including transportation of students and other staff members****.*

As part of the agreement to use your vehicle, this declaration confirms that your vehicle is roadworthy.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Make and Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Use of private vehicles for work purposes declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the following terms and conditions when using my private vehicle for Flinders University business related purposes:

* + I have read and understood the Driver and Vehicle Safety Procedures and agree to abide by the requirements of these procedures including completing the Driver Online Induction module.
	+ I understand that my vehicle is appropriate for the intended purpose of use.
	+ I confirm that my vehicle is roadworthy.
	+ I confirm that my motor vehicle is registered.
	+ I confirm that my vehicle is insured.
	+ I understand that I am responsible for any damage to my vehicle and that Flinders University is not liable for any cost of repairs, towing, insurance excess or any other associated cost that may arise.
	+ I am aware of my responsibility for any accident or other emergency when driving the vehicle.
	+ I am responsible for payment of any parking and traffic infringements that I incur.

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_

Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_