

## Driver & Vehicle Declaration - Domiciliary Care Worker

Name of Care Worker: \_\_\_\_\_ Employee Reference: \_\_\_\_\_

*I confirm the following with respect to my personal vehicle(s) which may be used in connection with my professional duties:*

STATUS STATEMENT	YES	NO	Signature	Date
<b>Driving Licence at the time of this Declaration:</b>				
My Driving Licence is not loaded with penalty points likely to compromise my care duties	<input type="checkbox"/>	<input type="checkbox"/>		
My Driving Licence has been offered for inspection and photocopy which will be retained in my personal records	<input type="checkbox"/>	<input type="checkbox"/>		
I undertake to confirm the validity of my Driving Licence on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Vehicle Insurance, Tax &amp; MOT</b>				
I have a Fully Comprehensive Insurance Policy which covers me for business use	<input type="checkbox"/>	<input type="checkbox"/>		
My Insurance Policy covers me for transporting service users, e.g. on shopping trips within the time frame of my duty hours	<input type="checkbox"/>	<input type="checkbox"/>		
My Insurance Policy indemnifies the Organisation from third party claims arising from use of the vehicle	<input type="checkbox"/>	<input type="checkbox"/>		
A copy of my Insurance Policy has been offered for inspection and photocopy which will be retained in my personal records	<input type="checkbox"/>	<input type="checkbox"/>		
I undertake to confirm the validity of my Insurance Policy on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>		
At the time of this Declaration my vehicle has a fully valid Road Fund Licence (Car Tax)	<input type="checkbox"/>	<input type="checkbox"/>		
I undertake to ensure that the vehicle always carries a valid Road Fund Licence	<input type="checkbox"/>	<input type="checkbox"/>		
At the time of this Declaration my vehicle has a fully valid MOT Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
A copy of my MOT Certificate has been offered for inspection and photocopy which will be retained in my personal records	<input type="checkbox"/>	<input type="checkbox"/>		
I undertake to confirm the validity of my MOT Certificate on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>		