

"Driving at Work" Policy - Driver Risk Assessment Form

Non-employed drivers that may transport pupils in their own vehicles



(Note - this assessment **must** be carried out at least once annually, and only original documents should be accepted)

Driver's Name			
Vehicle Registration Number		Make/Model	
School			
Please tick the type of assessment: New Driver <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Application for reinstatement of authority to drive <input type="checkbox"/>			

Inspection of Driving Documents

To be completed by the **Headteacher** (or a member of Staff nominated by them)

(i) Driving Licence Tick below as appropriate

"Driver Number" on the Licence

A) Is the Driver's name and current address on the driving licence?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

B) Is the driving licence current?	Yes	Valid until	No
	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

C) Is a full licence held for all relevant categories of vehicle being driven?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

D) Is the Driver legally entitled to drive, based on any endorsements and/or convictions noted on the driving licence?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Number of Points that are "current" on the licence: <input type="text"/>		

Please enter below any offence codes recorded:

Offence Code	Expiry Date	No. of Points

(ii) MOT Tick below as appropriate

Is there a current MOT for the vehicle detailed at the top of this checklist? (If the vehicle is less than 3 years old, and therefore not subject to an annual MOT, please tick the N/A box)	N/A	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid until		<input type="text"/>	

(iii) Motor Vehicle Insurance Tick below as appropriate

Name of Motor Insurer Ins. Cert No

A) Is the Driver name noted either as the policyholder, or as a person entitled to drive on the Certificate?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

B) If the make of car and registration number is recorded on the certificate, does it match the vehicle details noted at the top of this checklist?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

C) Is the insurance certificate current?	Yes	Valid Until	No
	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

To be signed by the **Headteacher** (or a member of Staff nominated by them)

Date documents were inspected

I have reviewed the information above to the best of my ability, and grant this Driver authority to drive on the business of the School. Where the Driver notifies me of any change to the details declared above, I will review the content of this Risk Assessment and remove this Authority to Drive where necessary.

Please print your name

To be signed by the **Driver**

Date signed

I agree to comply with my legal obligations whilst driving on the public highway. I can confirm that my Motor Insurers have been made aware that I may on occasion transport pupils of the School. I also understand that it is my responsibility to notify the School of any medical conditions that I have, or medication that I may or will be taking, that may affect my ability to drive. I agree that I will notify the School in the event of any change to the Licence, MOT or Insurance Cover that has been submitted for inspection.

Please print your name