**Template 9**

**Private Vehicle Registration Form Template**

See Transportation Guideline 6 for more information

**To be completed by Volunteer Drivers**

**Purpose of the form:**

* to register the private vehicles used for the transport of children in connection with bowls away fixtures or tours.
* to inform drivers of the need to check and amend their insurance, if necessary, if they intend to use their vehicle on behalf of the organisation, and if passengers are being carried in connection with the organisation’s activities or events
* the form must be completed by the driver of any private vehicle used for the transportation of individuals to and from bowls activity.

Completed forms must be handed to the organisation’s secretary or Bowls Club Safeguarding Officer

|  |  |
| --- | --- |
| Driver Details | Vehicle Details |
| Full Name: | Registration Number: |
| Address:  Post Code: | Colour: |
| Name of Registered Keeper: |
| Make: |
| Telephone Number: | Model: |
| Driving license Number and type (e.g. Full): | |
| Other members authorised to drive the vehicle: | |
| MOT Expiry Date: | |
| Insurance Company | |
| Insurance Expiry Date: | |
| Road Tax Expiry Date: | |
| Declaration (please tick each box)  I have informed the insurance company of my intention to transport members on behalf of the County/Club. I have stated if I will be claiming expenses in connection with this additional use. □  I have extended the policy and paid any additional premium as required by the insurance company □  To the best of my knowledge my vehicle is roadworthy. □  I will inform all passengers of the legal requirements to wear seat belts. □  I will inform all passengers that smoking is not permitted in the vehicle. □  I agree not to give children a lift on their own. □  I declare that the information stated here is correct and that I will inform the County/Club of any changes. □  I have agreed to give sight of my driving licence to the administrator. □  Signed:  Print Name:  Date: | |
| Bowls Approved Driver  Name:  Registration Number:  Signed: Date:  Club/County Secretary/Chair | |
| Original Driving License and paper seen (insert date) and driving offences listed.  Signed: Date: | |