***This form should be completed by all staff who are required to drive a vehicle as part of their employment with UnitingCare. Please tick relevant sections to be completed.***

* **Section A:** To be completed by all staff who are required to drive a vehicle (personal or fleet).
* **Section B:** To be completed by International staff who are required to drive a vehicle (personal or fleet).
* **Section C:** To be completed by all staff who are required to drive their own personal vehicle for work related activities (eg. Transporting of clients)
* **Section D:** To be completed by all staff who drive a Fleet Vehicle and who may be required to home garage a Fleet Vehicle
* **Section E**: Staff Agreement – to be completed by all staff.

Employee’s Full Name (as per Driver’s Licence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section A: Driver’s Licence Declaration (Australian Licences Only)**

Driver’s Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s Licence State of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Licence: ❑ Car ❑ Bus/Truck ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Manual ❑ Automatic

Driver’s Licence Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have any restrictions on your licence? (e.g. P-Plates, Ignition Interlock Program) ❑ Yes ❑ No

If ‘yes’, please provide details of any restrictions

**Section B:** **International** **Driver’s Licence Declaration. *(NB. please leave blank if not relevant)***

*Prior to commencement driver must obtain a QLD licence from QLD transport by presenting their country of origin licence and approved translation document. Once received they must complete Section A as well. At commencement they must complete a car and route orientation and demonstrate an understanding of the safe operation of the car, road signage and road safety. Once the driver has a SABA login they must complete the new driver training module and the road rule refresher module.*

Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Translation Document Provided and Attached: ❑ Yes ❑ No

Driver’s Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Licence: ❑ Car ❑ Bus/Truck ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Manual ❑ Automatic

Driver’s Licence Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have any restrictions on your licence? (e.g. P-Plates, Ignition Interlock Program) ❑ Yes ❑ No

If ‘yes’, please provide details of any restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions or are you on medications that could affect your driving (e.g. epilepsy, sleep apnoea ) ❑ Yes ❑ No

If ‘yes’, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: Employee using their own Motor Vehicle *(NB. please leave blank if not relevant)***

**Vehicle Make:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vehicle Model:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Age:** \_\_\_\_\_\_\_\_  **Vehicle Rego Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expiry Date: \_\_**\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Last Service:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Odometer reading at last service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Odometer Reading at commencement of employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What motor vehicle insurance do you hold?** *(Please tick the type of insurance cover)*

*Third Party Property insurance is the* ***minimum*** *cover accepted by Blue Care for staff providing transport to clients. Blue Care recommends staff take out comprehensive insurance to ensure maximum cover.*

* Third Party Property Insurance

*NB. Blue Care will not accept liability for any costs that staff/ may incur in the event of an accident, nor will Blue Care pay the excess or provide cover for loss of no claim bonus.*

* Comprehensive Insurance

**Insurance Details**

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiry Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee have informed Insurance company vehicle will be used for Business Use:** ❑ Yes ❑ No

*It is advisable for staff and volunteers who use their own vehicles for work activities (including transporting clients) to advise their insurance company of this, and if they fail to do so, they accept the risk.*

**Section D: Use of Fleet Vehicle and optional Home Garaging of a Fleet Vehicle *(NB. Please leave blank if not relevant)***

**Vehicle Make:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vehicle Model:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Registration Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Odometer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A fleet vehicle assigned to an employee is **NOT** to be used for private purposes (other than home to work travel if home garaging approval granted)
* The fleet vehicle is to be made available to be driven by other Blue Care staff when required.

NB. Failure to comply with these restrictions could result in limited access to, or withdrawal of fleet vehicle privileges and potential Fringe Benefit Tax (FBT) liability.

**Reason for assignment of Fleet Vehicle (please tick what are applicable):**

* The staff member will be required to transport a client during a work shift
* The staff member is required to carry tools of trade or has been modified to secure cumbersome

items (e.g. dressing kits, cleaning equipment, mobility aids or equipment)

* The staff member is required to attend site other than usual place of work, for business purposes

**If Home Garaging is being assigned with Fleet Vehicle please complete the below section:**

**Business Justification for Home Garaging (please tick):**

* The staff member will be visiting a client or work site directly from the home garage location and driving the vehicle home from the last client of the day or from the last work site of the day.
* The staff member will be placed in an on call or recall to duty situation subject to appropriate industrial agreements

**Location of Home Garaging (complete section below only if home garaging a Fleet Vehicle)**

**Address where Fleet Vehicle will be garaged:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Distance from Service (kms):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking location at address:

* Driveway
* Carport
* Street
* Garage
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in a high-risk area? If yes, please indicate below.

* Flood
* Fire
* Cyclone
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can the vehicle be put under cover in the event of storms:

* Yes
* No
* I have a hail cover that can be used

Manager Endorsement: ❑ Yes ❑ No

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E: Staff Agreement**

❑ I have been made aware of the Motor Vehicle Operations Manual and other related motor vehicle policies and operating requirements and where these can be accessed from, and understand that I must ensure that I am familiar with these policies and processes.

❑ I acknowledge that the UnitingCare vehicle I drive may be satellite tracked to provide location of vehicle and how the vehicle is driven to assist in recovery if the vehicle if stolen and for the safety of myself and the safety of passengers.

❑ I acknowledge that the home garaging of a fleet vehicle is not guaranteed and may be withdrawn at UnitingCare’s discretion based on operational or other circumstances. Home garaging is not a condition of my employment or my remuneration.

❑ I agree to notify my supervisor immediately should any of my licence details change, or the ability for me to hold a driver’s licence and/or I am no longer able to safely drive a vehicle for whatever reason.

❑ I will be responsible for any traffic infringements or parking fines incurred whilst I am operating a fleet vehicle and understand that UnitingCare may seek to recover any monies owing in relation to traffic or parking infringements, private use of toll roads or unreasonable damage resulting from my operation of the fleet vehicle.

***NB: UnitingCare may at times seek to verify staff driver’s licence and vehicle registration (where applicable) and if a licence and/or vehicle registration is not current an employee may be suspended from driving duties and their employment may be reviewed.***

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Onboarding Team must check Queensland Transport:

# Driver License Status [(Check driver licence status)](https://www.service.transport.qld.gov.au/checkdriverlicencestatus/public/Welcome.xhtml?dswid=2977)

# Registration Status [(Check registration status)](https://www.service.transport.qld.gov.au/checkrego/public/Welcome.xhtml?dswid=2421)

Regional Onboarding checked: ❑ Yes ❑ No

Regional Onboarding Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Onboarding Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please retain a copy of this form in the staff member’s Personnel File.

This form needs to be completed annually or earlier if any details change.