**PLEASE PRINT CLEARLY IN BLACK INK**

|  |  |  |
| --- | --- | --- |
| Full name |  |  [ ]  Staff [ ]  Student  |
| Date of birth |  | School/College |  |
| Email |  |
| Type of driving licence: |  [ ]  UK [ ]  EU Exchange [ ]  N.Ireland  |
| Licence obtained in which type of vehicle: |  [ ]  Manual [ ]  Automatic  |
| Driving test pass date: | Licence photocard expiry date: | Licence issue no **(last 2 digits of licence number e.g. 24)**: |

 Have you been involved in any traffic incidents during the last 5 years: [ ]  Yes [ ]  No

 If yes, please provide details in box below:

|  |
| --- |
|  |

 Have you ever had Motor Insurance refused/declined [ ]  Yes [ ]  No

 and/or special terms applied: If yes, please provide details in box below:

|  |
| --- |
|  |

 As long as it is my intention to drive university vehicles, I agree to immediately inform Transport Services

 of all motoring offences, change of name and address and all vehicle incidents/defects, however minor.

 Failure to inform Transport Services of any licence changes and/or vehicle incidents/defects will result in

 suspension from driving university vehicles or using university insurance.

|  |
| --- |
|  |

|  |
| --- |
|  |

 Candidate: Date:

 (signature)

|  |
| --- |
|  |

|  |
| --- |
|  |

 Authorisation from

 Head of School, Date:

 College or Nominee:

 (print name)

 The ‘Guidance on Use of University Vehicles’ and the ‘Insurance/Assessment Privacy Policy’ are available at:

 <http://www.gla.ac.uk/myglasgow/transportservices>

[ ]  By ticking this box you confirm you have read both.