**PLEASE PRINT CLEARLY IN BLACK INK**

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| --- | --- | --- | --- | --- | --- |
| 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:

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Have you ever had Motor Insurance refused/declined  Yes  No

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

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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.

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Candidate: Date:

(signature)

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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.