



 **Insurance Declaration**

**PLEASE PRINT CLEARLY IN BLACK INK**

|  |  |  |
| --- | --- | --- |
| Full name |  | [ ]  Staff [ ]  Student |
| School / College |  |
| Email |  |
| Type of driving licence |  [ ]  UK [ ]  Northern Ireland |
| Licence obtained in which type of vehicle: | [ ]  Manual [ ]  Automatic |
| Licence issue no. |  | Ie. last 2 digits | UNIOG01012024U00GG 24 |
| Driving test pass date |  | Licence photocard expiry date |  |

|  |  |
| --- | --- |
| Have you been involved in any traffic incidents/accidents during the last five years? If yes, please provide details in box below. |  [ ]  Yes [ ]  No |
|  |

|  |  |
| --- | --- |
| Have you ever had motor insurance refused/declined and/or special terms applied? If yes, please provide details in box below  |  [ ]  Yes [ ]  No |
|  |

|  |
| --- |
| I agree to inform Logistics/Business Hub of:* All motoring offences.
* Any medical condition, illness or disability that may affect your ability to drive safely.
* All vehicle incidents/accidents, no matter how minor.
* Change of name or address.

Failure to inform Logistics/Business Hub of any of above will result in suspension from driving university insured vehicles. |
| Candidate signature |  | Date |  |
| **Print** name of authoriser. ie. Head of Dept or their nominee. |  | Date |  |
| The ‘Guidance on Use of University Vehicles’ and the ‘Driving Assessment Privacy Policy’ are available at: <http://www.gla.ac.uk/myglasgow/transportservices> [ ]  By ticking this box, you confirm you have read and comply with both. |
| **Please report any vehicle defects to:**  **Logistics: 0141-330-5330 ecs-logistics@glasgow.ac.uk** |