

Application to use private vehicle on official duty

This form is to be used to request approval to use a private vehicle on official duty. Information collected on this form is required to determine the entitlement and the personal information provided will be kept secure against unauthorised use or disclosure. It is your responsibility to ensure all details are current and up to date by submitting another form if required.

Privacy: The information collected on this form is for the purpose set out above and is required to process your request. Your information will not be disclosed without your consent or unless authorised or required by law. You are able to request access to the personal information that the Department holds about you and request that it be corrected by contacting your Principal/Manager. Information about contacting the People Division is available at: <http://www.education.vic.gov.au/hrweb/Pages/contactus.aspx> Information about the Department's privacy policy is available at: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

Employee Details

Family Name:	Given name(s):
School Name/ Work Location:	Employee ID:

Details of Vehicle

Make:	Model:
Registration no.:	Registration Expiry Date: ____ / ____ / ____

Details of Vehicle Owner *(if employee is not owner of vehicle)*

Name of the registered owner of the vehicle:	Is the vehicle comprehensively insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your relationship to the vehicle's owner?	Are you as a driver covered by comprehensive insurance when driving the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Insurance Details

Name of Insurer:	Policy Number:
Does the comprehensive insurance policy indemnify your employer as an additional insured, ensuring that the State of Victoria is covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Declaration by Employee

I declare that as the owner of the vehicle I will maintain the registration of the vehicle and a comprehensive insurance policy that includes liability at law by way of damages of not less than \$20 Million and indemnity for my employer, ensuring that the State of Victoria is covered or that as the driver of the vehicle I am covered by comprehensive insurance which covers my employer including the State of Victoria.

Employee Signature: _____ **Date:** ____/____/____
(electronic submission of this form constitutes acceptance of the above declaration)

Approval

Use of Private Vehicle approved for the period: **Start Date:** ____/____/____ **End date** *(where applicable):* ____/____/____

Principal or Manager's Signature: _____ **Date:** ____/____/____

Principal/Manager's Name *(Please print):* _____

The completed form should be kept on the employee's personnel file