**VVU: Voluntary Vehicle Use**

(Version 1.1 2016)



**For completion by drivers using private vehicles for the transportation of young people for educational establishments.**

Establishment:

Name of Driver:

Make and Model of Vehicle: Registration:

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I am the driver of the above vehicle(s) and confirm that:

* I have a valid full driving licence suitable for the type(s) of vehicle above.
* A valid MOT certificate is held (or not required if the vehicle is less than 3 years old) for the vehicle(s)
* The vehicle(s) are serviced correctly and are deemed to be roadworthy.
* I have appropriate motor vehicle insurance covering the vehicle(s) and myself for ‘business use’.
* I will ensure that young people will wear seatbelts in both front and rear seats.
* Young people under the age of 12 or less than 135cm in height will use an appropriate child restraint whether in the front or back seat. In the following exceptions it is legally acceptable for these children to use adult seat belts when travelling in the rear seats:
* For a short, unexpected but necessary journey
* Where the vehicle has three adult seatbelts in the back but there are two occupied child restraints which make it impossible to fit a third restraint. A third child may use the adult seat belt.
* I will not be under the influence of alcohol or drugs whilst driving young people.
* I will ensure that explicit parental/carer consent has been obtained for the transport of the young people concerned.
* I fully understand my duty of care in using my private vehicle to transport young people.

I understand that I am not covered by any establishment or Local Authority insurance for the use of the vehicle(s) listed above unless my employer informs me otherwise. Under the terms of the Data Protection Act 1998 we must inform you of the following:

By signing this form you are giving your explicit consent to *insert name of establishment* to process your data. The processing involved will be for the purpose of monitoring health and safety in *insert name of establishment* in accordance with relevant legislation. This may involve the sharing of information you provide with local regulatory bodies.

I consent to *insert name of establishment* processing the information detailed in this form. I understand that this will be used by *insert name of establishment* in pursuance of its purposes and my consent is conditional upon *insert name of establishment* complying with their obligations under the Data Protection Act 1998.

The establishment reserves the right at any time to request copies of any relevant documentation including: vehicle registration/ownership, MOT certificate, insurance certificate, vehicle excise duty and driving licence.

Signed:

Full Name:

Date:

Yes No N/A

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Yes No N/A

 [ ]  [ ]  [ ]

Yes No N/A

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Yes No N/A

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Yes No N/A

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Yes No N/A

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Yes No N/A

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Yes No N/A

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Yes No N/A

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Yes No N/A

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