



## Driver's Declaration Form

Drivers with responsibility for providing transport for people associated with Uniting Church activities are requested to complete this form.

**\* Privacy Information \***

All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy.

This information has been collected for the primary purpose of \_\_\_\_\_ (congregation name) and may be used for any activities, conducted or promoted by the same.

If you do not want this information to be used for any other purpose other than **this driver's clearance** please notify in writing the local coordinator.

For further information please contact (name of Privacy contact): \_\_\_\_\_ Ph: \_\_\_\_\_

**DRIVER'S NAME:** \_\_\_\_\_

Phone no: \_\_\_\_\_ Mobile: \_\_\_\_\_

I am 18 years of age or older:  Yes  No

I have a current Driver's Licence:  Yes  No Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License State of Issue: \_\_\_\_\_ Number of years held Licence: \_\_\_\_\_

Type of Licence: (please tick)  Car  Bus  Other (please specify): \_\_\_\_\_

Do you have any restrictions on your driver's licence (eg "P" Plates)?  Yes  No

If yes, please note the restrictions: \_\_\_\_\_

**Witness to complete** – Licence sighted by (name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Whilst driving on behalf of this group:** (please tick)

- I will drive carefully and follow all road rules
- I will provide a registered, roadworthy, insured vehicle
- I will ensure that each person uses a seatbelt
- I will not smoke or use non-prescription drugs, and will have a zero blood alcohol level
- I am aware of and will work within the church's duty of care practices and policies

The information provided on this form is correct and indicates my commitment to ensure the safety and welfare of persons involved in all activities associated with the Uniting Church in Australia.

I agree to notify the church within a reasonable time of any changes to the above information. \_\_\_\_\_ (Please initial)

### Declaration:

Because of the responsibility involved in transporting people as a driver, it is necessary for Screening and Authority Request to be conducted.

Have you participated in a Screening and Authority Request through the Synod office within the last three years?

**YES** – the confirmation letter must be sighted by your group coordinator.

**(If answered "YES" to above only):-** Have you been convicted of a criminal offence, had any major 'at fault' motor vehicle accidents &/or relevant traffic offences (eg excessive speeding, driving under the influence) since your last Screening Authority?  **Yes** - please provide & attach full details  **No**

**NO** – please complete a "Screening and Authority Request" form.

(please tick)  I have read the above information and agree to the conditions and content.

I consent to this information being used for the above named church & understand that it will be held by the appropriate person & managed in accordance with the privacy policy of the Uniting Church, Synod of SA

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return this form to your local group coordinator: \_\_\_\_\_ By: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Church Council appointed delegate to complete below, retain and file securely.

I have sighted the letter confirming that the person named above has participated in the Screening and Authority Request through the UCA SA Synod office.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_