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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Details | | | | | | |
| **Family Name** |  | | **Given Name(s)** | |  | |
| **School Name or Work Location** |  | | **Employee**  **ID Number** | |  | |
| Details of Vehicle | | | | | | |
| **Make** |  | | **Model** | |  | |
| **Engine Size** |  | | **Year of Manufacture** | |  | |
| **Registration No** |  | | **Registration Expiry Date** | | **\_\_\_\_/\_\_\_\_/\_\_\_\_** | |
| Details of Vehicle Owner | | | | | | |
| Name of the registered owner of the vehicle: | |  | | Is the vehicle comprehensively insured? | |  |
| What is your relationship to the vehicle’s owner? | |  | | Are you as a driver covered by comprehensive insurance when driving the vehicle? | |  |
| Vehicle Insurance Details | | | | | | |
| **Name of Insurer** | |  | | | | |
| **Policy Number** | |  | | **Expiry Date of Policy:** | | **\_\_\_\_/\_\_\_\_/\_\_\_\_** |
| Does the comprehensive insurance policy indemnify your employer as an additional insured, ensuring that the State of Victoria is covered? | | | | | |  |
| **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** | | | | | | |
| Principal/Manager’s Name: *(Please print):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use of Private Vehicle approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_/\_\_\_\_/\_\_\_\_**  *(Principal or Manager’s Signature)* | | | | | | |
| **Privacy** | | | | | | |
| The information collected on this form is for the purpose set out above and is required to process your application In accordance with the Department’s privacy policy 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 we hold about you, and to request that it be corrected. Please contact your school or Schools HR Services on 1800 641 943 (for Teaching Service employees), Corporate HR Services on 9637 2403 (for VPS employees) or FOI Unit on 9637 2670. Information about the Department’s privacy policy can be found at <http://www.education.vic.gov.au/about/deptpolicies/informationprivacy.htm> | | | | | | |

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