**PLEASE PRINT CLEARLY IN BLACK INK**

|  |  |  |
| --- | --- | --- |
| Full name |  |  [ ]  Staff [ ]  Student  |
| Date of birth |  | School/College |  |
| Email |  |
| Type of driving licence: |  [ ]  UK [ ]  N.Ireland  |
| Licence obtained in which type of vehicle: |  [ ]  Manual [ ]  Automatic  |
| Driving test pass date: | Licence photocard expiry date: | Licence issue no (last 2 digits of licence number e.g. 24): |

 Have you been involved in any traffic incidents during the last 5 years? [ ]  Yes [ ]  No

 If yes, please provide details in box below:

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| --- |
|  |

 Have you ever had Motor Insurance refused/declined [ ]  Yes [ ]  No

 and/or special terms applied? If yes, please provide details in box below:

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|  |

 I agree to immediately inform Transport Services of all motoring offences, change of name and address

 and all vehicle incidents/accidents and defects, however minor.

 Failure to inform Transport Services of any licence changes and/or vehicle incidents/accidents will result in

 suspension from driving university vehicles or using university insurance.

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 Candidate **signature**: Date:

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 **Print** name of

 authoriser ie: Date:

 Head of School,

 College or Nominee.

 The ‘Guidance on Use of University Vehicles’ and the ‘Insurance/Assessment Privacy Policy’ are available at:

 <http://www.gla.ac.uk/myglasgow/transportservices>

[ ]  **By ticking this box, you confirm you have read and understand both.**