

AUTHORISATION TO DRIVE

New Application/Renewal for authority to drive NHS vehicles and/or hire vehicles under contract to Salisbury NHS Foundation Trust.

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| Name : | Department: |
| Licence Number:  National Insurance Number:  Post Code: | Job Title: |
| Vehicle(s) you need authority for:  If a department has multiple vehicles please name department(s) that you may need to drive for on a regular basis or please state “Hire Cars” if this is the only type of vehicle you need authorisation for.  DVLA Check Reference  Date requested  Date checked (Office use only) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Are you likely to be the regular driver or only on ad-hoc requirements such as departmental cover, bank contracts, or hire cars for business use?  Regular driver / Occasional use only  Please delete as appropriate. |

# NOTICE TO DRIVERS OF HOSPITAL VEHICLES

1. Crown vehicles may only be used for hospital purposes by persons authorised to use vehicles or be carried therein. Crown vehicles are subject to normal DFT traffic regulations. In the event of an accident involving unauthorised use of transport or carrying of unauthorised passengers the Minister of Health will not accept liability.
2. A valid driving licence for the class of vehicle and completion of this form is necessary before driving any Salisbury NHS Foundation Trust vehicle. Drivers must supply a valid check reference from the DVLA website: <https://www.viewdrivingrecord.service.gov.uk/>
3. Only authorised passengers (staff or patients) may be carried in a hospital vehicle.
4. Under no circumstances must the driver in charge of a hospital vehicle allow any unauthorised person to drive the vehicle. Patients are not allowed under any circumstances to drive hospital vehicles.
5. When patients are being carried in a hospital vehicle, the driver is responsible for taking all reasonable steps for the care and safety of the passengers. The driver must ensure that the passengers do not ride in the vehicle in such a manner as to cause danger to themselves or other persons or property.
6. Hospital vehicles left unattended must at all times be immobilised by removing the ignition key and locked. This applies particularly within the boundaries of the hospital and on garage forecourts.
7. Authorised drivers need to be aware of vehicle defect procedures and how they notify any known faults and to whom within their department. A copy of procedures can be obtained from Facilities HQ.
8. Any log sheets and defect records supplied with the vehicle keys must be completed each day the vehicle is used.
9. Drivers of hire vehicles are responsible for returning the car within the time specified on the hire agreement or notifying the hire company as soon as possible to arrange any extensions to avoid unnecessary penalties. If required to refuel hire vehicles on return to the hire company, please ensure that all receipts are kept as evidence for any expense claims.

## ACTION IN CASE OF AN EMERGENCY

1. Do not admit liability for the accident by word or deed.

Particulars of every accident, if not taken by the Police at the time, must, where appropriate, be reported by the driver to the Police within 24 hours.

1. Every accident involving a hospital vehicle (however minor) must be reported on Datix (via link on Trust intranet home page). Drivers will also report directly to Trust insurers accident management service, contact details can be obtained from the Transport Services Manager.

Drivers will be required to provide all the information for the completion of the form. It is advisable if drivers prepare a sketch map of the accident area showing road direction of vehicles and take the names and addresses of the other persons involved and of all persons who witness the accident. Details of other vehicles involved and the names and addresses of their insurers should also be taken. This will assist in any assessment of the incident and ensure the Trust’s insurers have all the relevant information.

1. All accidents involving a hospital vehicle should be reported to your Line Manager & the Transport Office, Facilities HQ, 01722 336262 ext 5604

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As the driver, I certify that I understand the regulations detailed above regarding hospital transport vehicles and I agree to abide by these instructions during the time I am the driver in charge of the vehicle.

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| Signature ……………………………………… | Date …………………………………………… |
|  | |
| Counter Signed by Manager ……………………………………………………………………… | |
| Manager’s Name (please print) …………………………………………………………………... | |

Please complete all sections of this form and return to the Facilities Directorate Headquarters, Salisbury District Hospital

**NB: Any drivers receiving traffic endorsements, must notify their line Manager and Facilities Directorate Headquarters immediately.**

**This may affect your authorisation to drive NHS vehicles.**