ANGLICAN DIOCESE OF GRAFTON

Authority to Drive Motor Vehicles

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

In accepting nomination as an authorised driver of motor vehicle owned, leased or hired by The Corporate Trustees of the Diocese of Grafton (Anglican Diocese of Grafton) or one of its bodies Corporate, I hereby declare:

1. I am the holder of a current motor vehicle driver's licence and have no knowledge of any current circumstances which could cause its cancellation or suspension.
2. I have not been refused motor vehicle insurance or continuance thereof by an insurer.
3. I have no known medical or physiological condition that prevents me from driving safely.
4. I have read and understand the procedure MUP-003 (Ministry Travel and Associated Expense Reimbursement) and agree to act in accordance with the conditions contained in the regulation.
5. I undertake to inform the Anglican Diocese of Grafton (and any of its parishes or organisations for which I drive) as soon as practicable if there is a change in my circumstances affecting my compliance with MUP-003. This would include (but is not limited to):
* Loss or suspension of driver's license;
* Change of license conditions;
* Adverse change of health affecting driving ability;
* Being denied motor vehicle insurance cover.

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

**Employee Licence Details**

State Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licence Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expirey Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must attach a copy of your current drivers licence to this form