MP4A Driver

Section 1: Driver Details

Declaration Form This form must be completed when requested by any person that drives a Barnsley Council vehicle.

Surname:	
First Name(s):	
Department:	
Line Manager:	

Last 8 Characters of your Driving Licence Number:

This can be found in section 5 of your photocard and should end with two letters for example 297A99JJ. The two numbers at the end of the licence number are the issue number and do not need to be included.

Driving Licence Check Code:

To Generate a driving licence check code please visit www.gov.uk/view-driving-licence, enter your details and then click 'get your check code'. Please ensure you clearly write it in the boxes above ensuring upper and lower case are distinguishable (use up and down arrows to indicate upper and lower case).

When providing a driving licence check code, your personal information is not visible to the person checking your licence. The only information visible is your name, endorsements, licence dates and categories held, Digital Tachographs and Driver Qualification Cards.

By completing this form and providing a check code you are giving permission for your licence to be checked. Failure to provide a code may mean that you cannot drive for work.

The Road Traffic Act 1988 states that as well as it being an offence for a driver to drive without a valid licence, it is an offence for anyone to permit a driver to drive without a valid licence.

Section 2: Digital Tachograph Card

	Yes	No
Do you have a Digital Tachograph Card?		
Do you have more than one Digital Tachograph Card?		

Please write the card numbers and expiry dates of any Digital Tachograph Cards held below:

This can be found on section 4b and 5b on the front of your card.

Section 3: Driver CPC

	Yes	No
Do you have a Driver Qualification Card (DQC)?		

Please tick the categories your DQC entitles you to drive and the expiry date.

This information is on the back of the card.

Category	Tick if you have this category	Expiry Date
C1		
C		
C1E		
CE		

D1		
D		
D1E		
DE		

What is the administrative renewal date of your DQC?

This can be found in section 4b on the front of your card.

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How many hours of training have you completed towards your next DQC

Please state below the names of the courses completed and dates that you did them?

Section 4: Driving for Work

By signing this declaration form you agree that:

- You are capable, confident and comfortable to drive any of the vehicles your licence entitles you to drive.
- You understand it is illegal to drive whilst under the influence of drugs or alcohol.
- You will declare any work you do for organisations other than Barnsley Council to your line manager, even if they do not involve driving.
- You will inform your line manager and request a new driver declaration form. as soon as possible if there are any changes to your driving licence.

- You give permission for Fleet Services to hold this completed form on file as evidence that my driving licence information has been checked – the form will be used as evidence in the event of an incident or audit.

- You understand that is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising them to drive it. It is also an offence for a person to cause or permit another person to drive it. You confirm that the licence details given above are your own.

Section 5: Medical

If you are told not to drive by a medical professional, you must inform your line manager as soon as possible and will not drive a council vehicle until told you are fit to drive.

If you are prescribed any medication or take substances that may affect your ability to drive, you must inform your line manger as soon as possible.

	Yes	No
Are you required to wear eyesight correction in order to meet the DVLAs standards of vision for driving? www.gov.uk/driving-eyesight-rules		
Are you affected by any of the medical conditions detailed below?		

Section 6: Driver Signature

Employee Signature	
Print	
Date:	

• Epilepsy • Fits or blackouts • Repeated attacks of sudden disabling giddiness (dizziness that prevents you functioning normally) • Diabetes controlled by insulin • An implanted cardiac pacemaker • An implanted cardiac defibrillator (ICD) • Persistent alcohol abuse or dependency • Persistent drug abuse or dependency • Parkinson's disease • Narcolepsy or sleep apnoea syndrome • Stroke, with any symptoms lasting longer than one month, recurrent 'ministrokes' or TIAs (transient Ischaemic Attacks)	• Any type of brain surgery, severe head injury involving inpatient treatment or brain tumour • Any other chronic (long term) neurological condition • A serious problem with memory or episodes of confusion • Severe learning disability • Serious psychiatric Illness or mental ill-health • Total loss of sight in one eye • Any condition affecting both eyes, or the remaining eye only (not including short or long sight or colour blindness) • Any condition affecting your visual field (the surrounding area you can see when looking directly ahead) • Any persistent limb problem for which your driving has to be restricted to certain types of vehicles or those with adapted controls.
Also for vocational licences	
• Angina, other heart conditions or heart operation • Diabetes controlled by tablets	• Visual problems affecting either eye • Any form of stroke, including TIAs

Please also remember that 24/7 support is available to all council employees, this can be accessed 24/7 through the following channels:

- call the free 24 hour confidential helpline on 0800 783 2808

- download the My Healthy Advantage app using the employer code: MHA170671
- visit https://healthassuredeap.co.uk/ logging in using the details below:
  - Username: Wellbeing
  - Password: RichMaskTree

Section 7: Compliance Check

Section 7A - To be completed by a manager, supervisor or transport officer with the driver present. confirm that I have:

	Yes	No
Seen the Digital Tachograph Card (DTC) (checked that the photo matches the holder and number matches this form)		
Seen the Driver Qualification Card (DQC) (checked that the photo matches the holder)		

Signature	
Print	
Date:	

Section 7B - To be completed by a manager, supervisor or transport officer.

I confirm that I have:

	Yes	No
Checked the Licence online using the licence check code		
Checked that the DTC Number matches the portal		
Referred any medical declarations or licence observations to the Line Manager		

Observations:

Licence Administrative Renewal Date:	

Vocational Licence Expiry Date:	
Non-Vocational Licence Expiry Date:	
Endorsements:	
Restrictions:	
Other Observations:	
Next Form Due by:	

Signature	
Print	
Date:	