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MOTOR VEHICLES: USE OF AND HIRING

STAFF AND STUDENTS SCHOOL OF BIOLOGICAL SCIENCES MOTOR VEHICLE USAGE

I, _____ Employee/Student Number:

(Please print full name)

Of _____ Suburb: _____ Postcode: _____

(Street name & no.)

Date of Birth: ____ / ____ / ____ Licence Number: _____ Expiry Date: ____ / ____ / ____

hereby state that I am an employee or enrolled as a postgraduate/ higher degree research student and that I accept:

- (i) all conditions regarding the use of School vehicles;
- (ii) that while driving School vehicles I will not be under the influence of alcohol, drugs or any other substance likely to impair my ability to drive;
- (iii) that I am required to produce a current drivers licence relevant to the vehicle hired prior to use of any School vehicles.

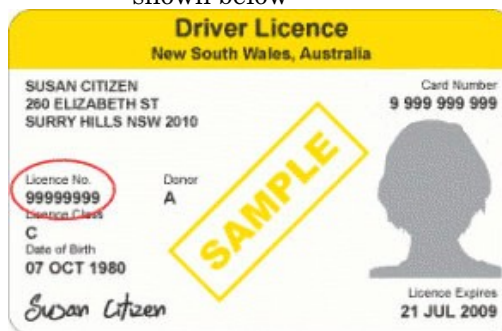
I have read and agreed to the Rules and Regulations for Vehicle use within the School of Biological Sciences.....

Signature: _____

Please photocopy your drivers licence as shown below

Head of School: _____

Date: ____ / ____ / ____



Office Use Only:

Original licence sighted

Admin