## APPENDIX A1 – Car user application form

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| **Bradford NHS Payroll Services****Payroll Application to become an Official Car User** | esrcola2 |
| Last Name: |  | First Name: |  |
| NI Number or Assignment Number |  |
| Employing Trust & Department |  |
| Job Class (delete not applicable) | Director / Non Exec Director / Consultant / Special Consultant / Other  |
| Car Details: Make |  | Model |  |
| Registration |  | Engine Size |  |
| Insurance Renewal Date |  | Policy Number |  |
| Next MOT Date |  | MOT Number |  |
| Implement Date (Car Use Start Date) |  |

To maintain an accurate record of your car details please contact **Expenses.payroll@bdct.nhs.uk**if you change your car.

**AUTHORISATION BY DIRECTOR/MANAGER**

Signature……………………………………. Date……………………………..

Print…………………………………………. Contact ……………… …………

Details…………………………………..

**USE OF VEHICLES ON OFFICAL BUSINESS**

Insurance policies do not normally cover the use of private motor vehicles on official business whether or not such use has been approved by the Trust concerned, and for your own protection you are asked to take note of the conditions which apply if you are authorised to use a vehicle on official business. (You may wish to check first with your insurance company that these requirements are in fact covered by your policy)

1. You have currently full third party insurance, including cover against risk or injury to or death of passengers and damage to property.
2. Your insurance policy specifically provides that the forgoing cover includes journeys on the official business of your employing Trust.
3. You will maintain the policy to cover the above risks for as long as you claim mileage allowances.
4. You will observe all the conditions laid down in your insurance policy, particularly ensuring that your vehicle (including tyres) is always maintained in a roadworthy condition.
5. The employing Trust, whether or not an allowance is payable for the use of a private motor vehicle on official business, does not accept any responsibility for any claim arising out of the use of a private motor vehicle.

**DECLARATION**

I,………………………………………………… have read and understood the above conditions which apply if I am authorised to use a vehicle on official business.

Signed……………………………………………………Date………………………………………………

Please Return the completed form to: **Expenses.payroll@bdct.nhs.uk**