**Guidance On The Management And Use of Vehicles Within NHS Lothian**

**Relevant extract**

**DRIVING LICENCE CHECKS**

5.1 Employees may only drive vehicles for which they hold appropriate licences.See Appendix 1

* 1. The Head of Service/Local Manager is responsible for holding and approving the list of authorised drivers for his/her service. Approved drivers must hold a full and current driving licence for the class of vehicle they require to drive and all drivers, as a minimum standard, must undergo an annual licence check. More frequent checks **must** be undertaken for any member of staff carrying valid endorsements on their licence.
  2. From 8th June 2015 all endorsements must be checked direct with DVLA. This change is required as a result of the Government’s decision to remove the counterpart licence. For those licences currently valid, which have a counterpart issued (Photocard Licences), the counterpart will cease to be valid from this date. To enable a check to be made each driver must
* Go on line to <https://www.gov.uk/check-driving-information>
  + Create your account using Driving licence, National insurance number and home post code
  + Click on share my information
  + Print PDF version of this summary of information

Once generated this should be taken to your line manager within 2 weeks along with your licence and the necessary completed paperwork for approval (See Appendix 2d for detailed guide on checking your licence)

## Appendix 2

# Drivers Driving Licence Declaration

***It is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising him or her to drive it. It is also an offence for a person to cause or permit another person to drive it.***

This is a declaration that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have produced my latest licence, and that I have no pending convictions, endorsements or disqualifications.

I have had no change in my health, which could affect my entitlement to drive, in particular:

* An epileptic event (seizure or fit)
* Sudden attacks of disabling giddiness, fainting or blackouts
* Severe mental handicap
* A pacemaker, defibrillator or anti-ventricular tachycardia device fitted
* Diabetes controlled by insulin or tablets
* Angina (heart pain) while driving
* Parkinson’s disease
* Any other chronic neurological condition
* A serious problem with memory
* A major or minor stroke
* Any type of brain surgery or tumour
* Severe head injury involving in-patient treatment at hospital
* Any severe psychiatric illness or mental disorder
* Continuing/permanent difficulty in the use of arms or legs
* Obstructive Sleep Apnoea Syndrome (OSAS)
* Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past three years (do not include drink/driving offences)
* Any visual disability that affects both eyes (do not declare short/long sight or colour blindness)
* Any heart condition or heart operation
* Any visual problem affecting either eye

If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform DVLA by writing to the: Drivers Medical Unit, DVLA, Swansea SA99 1TU. Failure to do so is a criminal offence punishable by a fine of up to £1,000.

I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible.

I have read and fully understand the above and will comply with what is requested of me.

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

|  |  |
| --- | --- |
| **DEPARTMENT:** |  |
| **MANAGER’S SIGNATURE:** |  |
| **DATE:** |  |

**Appendix 2a**

Driver Licence Checklist

General

* check **ALL** driving licences
  + ensure drivers produce licence AND PDF version of summary information from their DVLA licence account
* take a photocopy of both sides of licences and summary information.

**Check:**

* personal details are correct – name, date of birth and address
* issue number and issue date against last check
* whether any medicals/renewals are due in the near future – if so advise driver
* age restrictions
* driver holds required entitlements
* restriction codes
* photocard expiry date
* any new endorsements/disqualifications

**Ask driver to sign declaration that they:**

* have produced their latest licence
* have not had a change in health/eyesight which could affect their entitlement to drive – if so they must also inform DVLA
* do not have any pending convictions, endorsements or disqualifications
* will inform you and DVLA if their health/eyesight changes in a way which could affect their entitlement to drive
* will inform you of any road traffic incidents, convictions, endorsements or disqualifications which could affect their entitlement to drive

IF IN DOUBT ABOUT THE VALIDITY OF A LICENCE YOU CAN CONTACT THE DVLA DATA SUBJECT ENQUIRY UNIT, ON 01792 310075, TO ARRANGE

A CHECK OF THE LICENCE WITH THE DRIVER’S PERMISSION. NOTE: DVLA CHARGE FOR THIS SERVICE

Paper Licences (old style) will require to be checked direct with DVLA in the same manner as photocard licences

**Appendix 2b**

**MOTORING OFFENCES / CONVICTIONS**

It is a requirement that this motor offence / conviction questionnaire be completed in respect of any persons who may use your vehicle.

If you, or any other drivers who ***to your knowledge*** may use your car, have been convicted in the last five years of a motoring offence which resulted in a driving ban then please complete the following, if not record “Not Applicable” in the appropriate sections.

|  |  |
| --- | --- |
| **Health Board:** |  |
|  |  |
| **Driver’s Name:** |  |
|  |  |
| **Vehicle Registration Number:** |  |
|  |  |
| **Date of Birth:** |  |
|  |  |
| **Name of Offence:** |  |
|  |  |
| **Date of Conviction:** |  |
|  |  |
| **Code on Licence:** |  |
|  |  |
| **Length of Ban:** |  |
|  |  |
| **Amount of Fine:** |  |
|  |  |
| **Circumstance of Incident Leading to Conviction(s):** |  |
|  |  |
| **Date Check Was Made With**  **DVLA Online** |  |
|  |  |
|  |  |
| **Signature:** |  |
|  |  |
| **Date:** |  |
|  |  |
| **Please return form to the Car Leasing Manager** | |
|  | |
|  | |
| **FAILURE TO DISCLOSE A CONVICTION MAY INVALIDATE YOUR INSURANCE COVER IF YOU HAVE A CLAIM** | |

From 8th June 2015 all endorsements need to be checked with DVLA by the driver and a copy of the PDF document showing the necessary information which is date stamped should be provided to the line manager as evidence of current status of licence (see Section 5 on how to do this).

**Appendix** 2c

**Eye Sight Testing**

The Health & Safety Executive, Police Scotland and Logistics UK suggest that regular eye testing of employee’s who drive as part of their job is recommended best practice.

As we look to improve our standards and mitigate risks posed by driving a vehicle I would be grateful for your assistance in completing the following questions. Please read the information in the links below prior to completing this form.

[Driving Eyesight Rules](https://www.gov.uk/driving-eyesight-rules)

[GOV.UK - Drivers Medical (dvla.gov.uk)](https://contact.dvla.gov.uk/driver/capture_transaction_type?transaction_type_id=drivers_medical)

[Guide for medical professionals fitness to drive - Google Search](https://www.google.com/search?q=guide+for+medical+professionals+fitness+to+drive&sourceid=ie7&rls=com.microsoft:en-GB:IE-SearchBox&ie&oe=%23spf%3D1599832963969)

Yours sincerely

**Iain Sneddon**

**Area Manager – Pan Lothian**

**NHS Lothian**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wear glasses / contact lenses Yes / No \*

If yes, do you need them for driving Yes / No \*

Have you had your eyesight tested within the last 2 years Yes / No \*

yyyy

mm

If Yes, how long ago - within last 12 months (approx date) Yes / No \*

yyyy

mm

between 12–24 months (approx date) Yes / No \*

yyyy

mm

If No, do you know when you last had your sight tested? Yes / No \*

\* Delete as appropriate

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

**Note: If any driver’s eyesight has deteriorated to a point where an optician has advised to wear eye correction for driving, they must inform the DVLA ASAP. Similarly if a driver has had corrective eye surgery where they no longer require eye correction to drive a vehicle they must contact the DVLA to make them aware and complete the form to have the code removed.**

**Appendix 2d**



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