



Personal Medication, Wellbeing, Fitness to drive
and
Vehicle Roadworthiness

This is an important safeguarding document, which requires your signature

FITNESS TO DRIVE

To ensure that you gain maximum benefit and enjoyment from your training you are required to take personal responsibility for any known medical condition and the administration of any medication that you are taking. Therefore, by your signature hereunder, you acknowledge that it is your sole responsibility to ensure that you are fit to drive and that you are responsible for the safety of your tutor and any passengers.

You confirm that you will not drive if the instructions for any prescribed or 'over the counter' medication that you are taking states that it may affect your ability to drive or that you must not drive whilst taking the medication. You confirm that you will seek advice from a Doctor or Pharmacist if you have any doubts. Further advice can be found at: www.gov.uk/drug-driving-law

I confirm that if I have or should develop any 'notifiable' medical condition during the course of my training I will tell my Tutor at once and notify the Driver and Vehicle Licensing Authority (DVLA). Further details can be found at www.gov.uk/health-conditions-and-driving

I acknowledge and accept that if my Tutor has any doubt about my fitness to drive he/she has the right to cancel my training until such time as he/she is satisfied that I am fit to drive and continue the training.

In addition the following also applies:

1. I will carry with me any personally administered medication required whilst attending any training session and ensure that I am conversant with their usage.
2. If I have had an episode of disturbed sleep, feeling tired or unwell, consumed a significant amount of alcohol the previous day or have just finished a late shift, I will discuss this with my tutor prior to undertaking any scheduled training.

I agree to comply with the above including items 1 and 2.

VEHICLE ROADWORTHINESS

I understand and acknowledge that it is my responsibility to ensure that any vehicle I use during my training is legal, roadworthy and properly maintained in order to ensure the safety of my Tutor and any passenger/s. I understand that the Tutor may wish to see all relevant documentation in order to confirm legality and satisfy ADAS requirements under Health and Safety policy.

I confirm that I understand and agree to comply with these conditions.

Signed: _____

Dated ____/____/____

Print Name: _____

(If appropriate) Associate/New Member Number: _____

Note:

Due to the miles and the areas covered during your advanced driver training, the importance of personal responsibility cannot be over emphasised.