

Claremont Primary School



Headteacher:
Mrs A S Crockett, MA, BMus

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Dear Parent/Carer

Thank you for offering to use your own vehicle to assist us in transporting pupils from the school to local venues.

In order to fulfil our obligations under Health and Safety law I would be grateful if you could complete the attached form and return to me as soon as possible.

Yours sincerely

Mrs Sylvia Crockett
Headteacher

To Headteacher

Validation for Voluntary Vehicle Use

For the use of staff, parents and other volunteers' private vehicles

Make and Model of Vehicle	Registration Number

I confirm that:

- I hold a valid clean full driving licence suitable for the type of vehicle.
- I have a current valid insurance policy for the vehicle in which I intend to carry.....children/young people.
- I have checked with my insurance company and confirm that they cover the activity. The vehicle is in roadworthy condition, and that it has/will have a current
- MOT certificate (if it is more than 3 years old).
- Each young person will have a recognised seat with seatbelt and that the vehicle cannot carry more than eight passengers.

I understand that I am not covered under the above establishments Insurance for the use of my vehicle

Under the terms of the Data Protection Act 1998 we must inform you of the following:

By signing this form you are giving your consent to Kent County Council to process the information on the form. The processing involved will only be for the purpose of monitoring health and safety in Kent County Council in accordance with relevant legislation. This may involve sharing of information you provide with local regulatory bodies

Signed: _____ Date: _____

Print Name (in capitals) _____