

Form Identifier	Version	Reviewed By	Authorised By
LCS-FRM-COR412	4	Ruth Wearne, QM	Tarina Venturin, OM
Next Review:	30/09/2023	Date: 30/09/2022	Date: 30/09/2022
NDIS Standard	Core Module (4.1) Safe Environments		

Please fill out the details of your private vehicle used for transportation during service delivery below.
This form is to be used by staff members who use their own vehicles during service delivery, and clients who wish for their vehicle to be used during service delivery.

IMPORTANT: All transport must be approved by the Director, and a part of the person's care plan.

Name:		Completion Date:	
I am happy to use my own vehicle during service delivery:		I am happy to travel _____ kms during service delivery	
Vehicle Model:		For Drivers (LCS Staff):	
Vehicle Make:		Licence Number:	
Vehicle Year:		Licence Expiry Date:	
Odometer reading:		Licence State:	
Registration no.:		Drivers Must:	
Registration Exp Date:		<ul style="list-style-type: none"> Keep the vehicle clean and free of loose objects while transporting clients. Agree to immediately notify LCS of any medical condition, license cancellation or other restriction that may affect their ability to transport clients. Drive to the road conditions and observe road laws. Drive defensively in the interests of public safety. Not drive the motor vehicle or attempt to put the vehicle in motion while under the influence of alcohol and/or drugs. Not smoke in the vehicle Not exceed passenger seating limits Ensure all passengers are wearing a seat belt during transportation Never use unlawful restraints on any passengers. Never leave clients unsupervised in vehicles at any time. Ensure recommended safety procedures are followed while driving 	
Insurer:			
Comprehensive Insurance Exp Date:			

Agreement:

I, _____, confirm the above, and agree to the following conditions regarding use of my own private vehicle for transportation during service delivery:

- I will maintain the vehicle in a roadworthy condition.
- It is my responsibility to maintain current registration and comprehensive insurance of my vehicle.
- I have checked with my insurer that I can use the vehicle during service delivery.
- I am fully responsible for my vehicle in the event of any claim that arises because of an accident, in conjunction with my insurer.
- For Drivers: I will provide a copy of my current driver's licence. It is my responsibility to provide a photocopy of all renewals to ensure a current copy is always on my file. Any changes to my licence conditions will be reported to LCS immediately.

Signed _____ Date: _____