



Form - Vehicle Use Authorisation Form

This form is to be completed by a Headway Gippsland employee and a participant in the event that a participant request or an employee is required to drive a participant in a participant's vehicle. This form is then to be forwarded to Client Services Engagement Coordinator at coordination@headwaygippsland.org.au to be filed onto the participant's file.

Participant Details

Name:	
Address:	
Phone:	

Employee Details

Name:	
Position:	
Phone:	
Licence:	

Vehicle Details

Registration Number:	
Registration Due:	
Comprehensive Car Insurance:	
Vehicle Model:	
Vehicle Make:	
Vehicle Year:	

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Vehicle Checklist

	Good/N/A/Needs Repair	Comments
Windshield		
Mirrors		
Handbrake		
Tyers (air pressure, wear, spare)		
Headlights, tail lights etc		
Seat belts		
Other		

This authorisation form releases Headway Gippsland from all liability injury or damage to my property that may occur when Headway Gippsland employee is driving me in my vehicle. By signing this form. I agree to hold Headway Gippsland entirely free from any liability, including financial responsibility. Headway employee is responsible for any traffic infringements, damage to property or fines that occur while driving the vehicle.

I undersigned hereby give permission for the licensed Headway Gippsland employee listed above, to drive my vehicle listed above to assist me in the community while they are supporting me during their shift with me.

 Participants Name

 Participants Signature

 Date

 Employee Name

 Employee Signature

 Date