# appendix b: APPROVAL FORMS

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| B.1. | Application - to participate Senior Officer Vehicle Scheme |
| B.2. | Application - for Contribution reimbursement (SOVS) |
| B.3.1 | Application - to drive a Department vehicle (Employee) |
| B.3.2 | Application - to drive a Department vehicle (Non-employee) |
| B.4. | Application - Pool vehicle home garaging |
| B.5. | Application – overnight booking of Department vehicle |

1. 1. APPLICATION TO PARTICIPATE - SENIOR OFFICER VEHICLE SCHEME

|  |  |
| --- | --- |
| **SOVS Vehicle Allocation** (Vehicle Management Office) | |
| **Registration No:** | **Fortnightly Contribution Rate:** |
| **Make:** | **Commencement Payable Date:** |
| **Model:** | **Cost of Extra Accessories: $**  (SOVS participant upfront cost) |
| **Vehicle Management Office Co-ordinator : Name, Signature, Date** | |
| **Officer’s New Application** ❒ **or Renewal Application** ❒ | |
| **Name:** | **Officer’s Payroll number:** |
| **Position Title:** | **Officer’s Drivers licence No:** |
| **Classification**[[1]](#footnote-1)**:** | **Duration:**  \_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_ |
| **Department of Education/Division/Branch/Address:** | |
| I have read and agree to comply with the Department of Education *Conditions for Participation –SOVS* (attached) and [*WA Government Fleet Policy*](https://www.finance.wa.gov.au/cms/uploadedFiles/Government_Procurement/Policies/wa_government_fleet_policy_guidelines.pdf) – Conditions for Officers. | |
| **Officer’s signature and date:** | |
| **Director General’s Approval for participation** | |
| **SOVS Participation is:**  ❒ Approved from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_  ❒ Not Approved  ❒ Approved subject to conditions (cite): | **DG Name, Signature, Date:** |
| **Salary deduction actioned** | |
| **Director Business and Customer Services: Signature Date:**  ❒ Deduction Implemented | |

* 1. SOVS – APPLICATION FOR CONTRIBUTION REIMBURSEMENT

|  |  |  |
| --- | --- | --- |
| **SOVS – Application for Cessation of Contribution** | | |
| **SOVS Officer Completes** | | |
| Registration No: | Contribution Rate: | |
| Name: |  | |
| Employee Number: |  | |
| Date: | Cease From\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Total number of days\*: |  | |
| I certify that I provided the Department with full access to my SOVS vehicle on the days listed above. All were full\* days.  **Officer’s signature and date:** | | |
| **Vehicle Booking Office Staff Complete** | | |
| I certify that I the SOVS Holder listed above relinquished both sets of his/her keys to the Vehicle Booking Office and made his/her vehicle available for Pool use for all the days listed above.  **Officer’s signature and date:** | | |
| **Vehicle Management Office Staff Complete** | | |
| **SOVS Reimbursement is:**  ❒ Approved from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_  ❒ Not Approved  ❒ Approved subject to conditions (cite): | | **Specialist Advisor Commercial signature and date:** |
| **Business and Customer Services Completes\*\*\*** | | |
| Contribution Ceased for authorised period  **Director Business and Customer Services signature and date:** | | Contribution recommenced\*\*  **Director Business and Customer Services signature and date:** |

\* Only full days qualify for reimbursement (not drop off or pick up days). Keys must be relinquished.

\*\* TRIM form and forward Vehicle Management Office notification that process is complete.

\*\*\* Director Business and Customer Services responsible, processing delegable to Manager Payroll.

* + 1. APPLICATION TO DRIVE A DEPARTMENT VEHICLE - Employee

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment details – *all fields must be completed*** | | **Year\*** | **\_\_\_\_\_\_\_\_\_\_\_** |
| **Last name:** | **Position:** | | |
| **First name:** | **Division:** | | |
| **E number:** | **Directorate/unit :** | | |
| **Telephone:** | **Drivers licence no:** | | |
| **Mobile:** | **Class of licence:** | | |
| **Date of birth:** | **Licence expiry date\*\*:** | | |
| **State of issue:** | | | |
| **Employment status** | | | |
| **Permanent**   **Part-time**  **Full-time** | | | |
| **Temporary (Fixed Term/Secondment) / Contractor** | | | |
| **Start date:** **End date:** | | | |
| **Extension Start date:**  **End date:** | | | |
| **Driver declaration** | | | |
| I declare that I have a current and valid driver’s licence that is appropriate to drive a government vehicle.   * I understand that I am personally responsible for the payment of any fines or infringements that I incur while driving or have responsibility for a government vehicle. * I understand that only authorised personnel holding an appropriate current driver’s licence are permitted to drive government vehicles. I give permission to my line manager, the Fleet Manager and their delegate(s) to conduct random driver’s licence, demerit point and suspension checks. * I declare that I have notified the Department of Transport of any permanent or long term medical condition, mental disorder or physical disability that I suffer from, which is likely to impair my ability to control a motor vehicle safely. These include diabetes, epilepsy, heart disease, neurological disorders, depression and other mental health problems, injuries or physical disabilities. * I understand and undertake to comply with the Vehicle Management Policy. * I understand that any private use of a government vehicle including home garaging may result in a Reportable Fringe Benefit Amount (RFBA) being recorded on my annual Payment Summary, which may impact my personal tax liability and affect certain income tested government benefits. * I will notify my line manager immediately if my driver’s licence becomes restricted or if it lapses, is suspended, cancelled or revoked. * I understand that permission to drive a government vehicle is withdrawn immediately if my driver’s licence lapses, is suspended, cancelled or revoked.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | |
| **Manager’s authorisation\*\*\*** | | | |
| I verify that I have sighted the above employee’s driver’s licence and confirm that the details provided in this application are correct. I support the application to drive a government vehicle. | | | |
| **Name:** | **Position:** | | |
| **Signature** | **Date** | | |

\* This form expires annually on 31 December.

\*\* Interstate or International Licences valid only for three months if residing as per the *WA Traffic Act 1974*.

\*\*\* Completed form should be retained at the Site and is auditable. The Site Manager should also maintain a Register of Authorised Drivers.

* + 1. APPLICATION TO DRIVE A DEPARTMENT VEHICLE - Non-Employee

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver details – *all fields must be completed*** | | **Year\*** | **\_\_\_\_\_\_\_\_\_\_\_** |
| **Last name:** | **First name:** | | |
| **Address:** | **Company (if applicable):** | | |
| **Mobile:** | **Drivers licence no:** | | |
| **Date of birth:** | **Class of licence:** | | |
| **Licence expiry date\*\*:** | **State of issue:** | | |
| **Reason for driving a Department vehicle** | | | |
|  | | | |
| **Start date:** **End date:** | | | |
| **Driver declaration** | | | |
| I declare that I have a current and valid driver’s licence that is appropriate to drive a government vehicle.   * I understand that I am personally responsible for the payment of any fines or infringements that I incur while driving or have responsibility for a government vehicle. * I understand that only authorised personnel holding an appropriate current driver’s licence are permitted to drive government vehicles. I give permission to the Department of Education manager, the Fleet Manager and their delegate(s) to conduct random driver’s licence, demerit point and suspension checks. * I declare that I have notified the Department of Transport of any permanent or long term medical condition, mental disorder or physical disability that I suffer from, which is likely to impair my ability to control a motor vehicle safely. These include diabetes, epilepsy, heart disease, neurological disorders, depression and other mental health problems, injuries or physical disabilities. * I understand and undertake to comply with the Vehicle Management Policy. * I will notify the Vehicle Management Office immediately if my driver’s licence becomes restricted or if it lapses, is suspended, cancelled or revoked. * I understand that permission to drive a government vehicle is withdrawn immediately if my driver’s licence lapses, is suspended, cancelled or revoked.     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | |

|  |  |
| --- | --- |
| **Site Manager’s authorisation\*\*\*** | |
| I verify that I have sighted the above employee’s driver’s licence and confirm that the details provided in this application are correct. I support the application to drive a government vehicle. | |
| **Name:** | **Position:** |
| **Signature** | **Date** |
| **Specialist Advisor Commercial authorisation** | |
| **Signature** | |
| **Name:** | **Date** |

All Department policies must be complied with. A working with children clearance may be required.

\* This form expires annually on 31 December.

\*\* Interstate or International Licences valid only for three months if residing as per the *WA Traffic Act 1974*.

\*\*\* Completed form should be retained at the Site and is auditable. The Site Manager should also maintain a Register of Authorised Drivers.

* 1. APPLICATION - POOL VEHICLE HOME GARAGING

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Driver details – *all fields must be completed*** | | | | | | **Year\*** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Requesting employee details\*\*** | | | | | | | | |
| **Last name** | |  | | | | **First name** |  | |
| **Division** | |  | | | | **Position** |  | |
| **E number** | |  | | | | **Directorate/Unit** |  | |
| **Phone Num:** | |  | | | | **Licence No:** |  | |
| **Home garaging application details** | | | | | | | | |
| **Home Garaging Address** | | |  | | | | | |
| **Vehicle details** | | | | | | | | |
| **Registration:** |  | | | | | | | |
| **Make and Model:** |  | | | | | | | |
| **Base location:** |  | | | | | | | |
| **Booking details** | | | | | | | | |
| **Home garaging reason** | |  | | | | | | |
| **Destination/s** | |  | | | | | | |
| **Commencement date** | |  | | **Commencement time** | | |  | |
| **Return date** | |  | | **Return time** | | |  | |
| **Passengers** | |  | | | | | | |
| **Justification**:  ❒ On-call  ❒ Vehicle risk of vandalism | | | | | | | | |
| **Application endorsement** | | | | | | | | |
| **Home Garaging is:**  ❒ Recommended from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ | | | | | **Line Executive Name, Signature, Date:** | | | |
| **Approval – Director General** | | | | | | | | |
| **Home Garaging is:**  ❒ Approved from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_  ❒ Not Approved  ❒ Approved subject to conditions (cite): | | | | | **DG Name, Signature, Date:** | | | |

\* Authority expires 31 December or sooner.

\*\* Must have a valid form B3 on file

* 1. APPLICATION OVERNIGHT BOOKING OF DEPARTMENT MOTOR VEHICLE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Driver details – *all fields must be completed prior to handing to vehicle booking office*** | | | | | | | |
| **Requesting employee details\*** | | | | | | | |
| **Last name** | |  | | | | **First name** |  |
| **Division** | |  | | | | **Position** |  |
| **E number** | |  | | | | **Directorate/Unit** |  |
| **Phone Num:** | |  | | | | **Licence No:** |  |
| **Overnight location details** | | | | | | | |
| **Address** | | |  | | | | |
| **Vehicle details** | | | | | | | |
| **Registration:** |  | | | | | | |
| **Make and Model:** |  | | | | | | |
| **Base location:** |  | | | | | | |
| **Booking details** | | | | | | | |
| **Overnight reason** | |  | | | | | |
| **Destination/s** | |  | | | | | |
| **Commencement date** | |  | | **Commencement time** | | |  |
| **Return date** | |  | | **Return time** | | |  |
| **Passengers** | |  | | | | | |
| **Approval – Line Executive** | | | | | | | |
| **Overnight vehicle use is:**  ❒ Approved from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_  ❒ Not Approved  ❒ Approved subject to conditions (cite): | | | | | **Executive Name, Signature, Date:** | | |

Infrequent (eg 1 or 2 nights, not repeated), higher frequency use form B.4.

\* Must have a valid form B3 on file

1. The minimum level for SOVS participation is PSA Level 9, or Special Calling Level 6, and above (WAGFPG cl 5.4.1). Applicant must attach evidence that supports qualifying classification level. [↑](#footnote-ref-1)