



THE PROMISE FOUNDATION

For mental health, education and potential realisation

RESPONSIBLE DRIVER DECLARATION FORM

This form is to be completed annually at the beginning of each financial year and submitted to the Associate Director.

Name:.....

Designation:.....

Drivers Licence Number:.....

Declaration:

1. In the past year have you been involved in a road accident which resulted from a failure on your part?

Yes (please check the reasons below)

- Failed to indicate
- Cut in front of another vehicle
- Failed to maintain a safe distance behind a vehicle
- Speeding
- Failure to stop at a red light
- Using mobile phone while driving
- Other

No (Move to question 2)

2. In the past year have you been fined for a driving offence?

Yes (please check the reasons below)

- Failed to indicate
- Cut in front of another vehicle
- Failed to maintain a safe distance behind a vehicle
- Speeding
- Failure to stop at a red light
- Using mobile phone while driving
- Other

No (sign declaration)

I confirm that I have answered the above questions truthfully and to the best of my knowledge.

Signature..... Date:.....

Email the signed declaration along with your valid driver's licence to the Associate Director.