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## Eastern Transport Register Driver Registration

Customer Service Organisation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please ensure this form is completed by the driver and endorsed by the organisation. Once completed please return the signed copy by scan and email or post along with a copy of the front and back of the persons drivers licence. Please retain a copy for your records. **Until we receive this form with the licence copy endorsed by the organisation the driver will not be able to use an Eastern Transport Register vehicle.**

### DRIVER DETAILS

Name Shown on Driver's Licence: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver Licence No: \_\_\_\_\_

Type of Driver Licence/Endorsement: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Emergency Contact Ph Number: \_\_\_\_\_

Full / Probationary / Other (please specify) \_\_\_\_\_

Years of Driving: \_\_\_\_\_

Licence Expiry Date: \_\_\_\_\_

### Eastern Transport Register –Alcohol and Drug Policy

Eastern Transport Register (ETR) is committed to a zero tolerance alcohol and illicit drugs in the working environment. The use of alcohol and drug contributes to accidents, injury and illness in the workplace. As part of our commitment to health, safety and wellbeing of people involved with this service you must not be in charge of an ETR Vehicle while under the influence of alcohol, drugs or other substances.

In accordance with the Bus Safety Act 2009 (Vic):-

- Are there any conditions that may be imposed on your drivers licence YES / NO
- I will have no drugs or alcohol present in my blood or breath immediately before, or while undertaking bus safety work
- I am not impaired by drugs or medication/s
- I will inform my treating health practitioner or pharmacist of ETR's Alcohol and Drug policy when being prescribed medications prior to intending to drive an ETR Vehicle.

The Service Organisation and the Driver agree to comply with this policy prior and during the use of an ETR Vehicle.

### DRIVER SIGNATURE

DATE: \_\_\_\_\_

I hereby certify that I am in good health and a fit and proper person to drive a community vehicle.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Authorised Signatory - Community Service Organisation

I confirm that I have sighted the driver's licence and that all driver information is true and correct. I understand that this information will ensure that our organisation and this driver will be an authorised driver for insurance purposes. We agree that we will notify EV of any changes to the driver details or if they no longer drive for this organisation.

**SERVICE ORGANISATION SIGNATURE** DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_