

**All Wales Lease Car/Pool Vehicle Policy and Procedure**

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| **Policy**  **Code** | **Date** | **Version Number** | **Planned Review Date** |
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| **Document Owner** | | **Approved by** | **Date** |
| NWSSP - Employment Services - Head Of Payroll Services | | DDOF Meeting | 14.08.20 |

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| **Section** | **Contents** | **Page** |
|  | Validation & Ratification | 3 |
| 1 | Introduction to NHS All Wales Lease Car Policy & Procedure | 5 |
| 2 | Benefit in Kind Liabilities | 7 |
| 3 | Applying for a Car | 7 |
| 4 | The Calculation of Private Charges | 11 |
| 5 | Conditions of Use | 12 |
| 6 | Termination Charges | 14 |
| 7 | Additional Nominated Drivers | 15 |
| 8 | Return of the Vehicle | 15 |
| 9 | Introduction to pool Car Policy & Procedure | 17 |
| 10 | Roles and Responsibility | 17 |
| 11 | Arrangements for Use and Management of Pool Vehicles | 18 |
| 12 | Frequently Asked Questions | 21 |
| Appendix 1 | NHS All Wales Lease Car Application Form (English & Welsh) | 23 |
| Appendix 2 | NHS All Wales Lease Car Order Form | 40 |
| Appendix 3 | NHS All Wales Pool Vehicle Application Request | 45 |
| Appendix 4 | Daily Safety Checks and Weekly Fuel Usage Record  Weekly Fuel Mileage Record | 49  50 |
| Appendix 5 | Safety Flash Card | 51 |
| Appendix 6 | Pool Vehicle Log Sheet | 52 |
| Appendix 7 | NHS All Wales Pool/Commercial Vehicle Application Form | 53 |
| Appendix 8 | NHS All Wales Pool/Commercial Vehicle Order Form | 59 |

**VALIDATION & RATIFICATION**

To be completed by the Author – no policy, procedure or guidance will be accepted without completion of this section which must remain part of the policy

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| **Title**: All Wales Lease Car/ Pool Car Policy and Procedure  **Author**: Head of Payroll Services  **Directorate**: NWSSP – Employment Services |
| **Approved for submission by:** **Date:** |
| **EVIDENCE BASE**  **Are there national guidelines, policies, legislation or standards relating to this subject area?**  ***If yes, please include below:***   * National Agenda For Change guidelines * HMRC legislation   ***If No, please provide information on the evidence/expert opinion upon which the policy has been based***. |
| **CONSULTATION**  **Please set out the arrangements undertaken and stakeholder groups involved in the development and consultation process:**   * Created by Beverley Cokeley * Sent for Approval to Paul Thomas (Director Of Employment Services) * Circulated to All Wales Finance Directors & All Wales Workforce & OD Directors and Staff Side at SMT for ratification (this document forms part of NWSSP SLA). * Publicised on All Wales Health Board/Trust Intranet pages |
| **IMPLICATIONS**  **Please state any training implications as a result of implementing the policy / procedure**.  No training implications as individual policies and procedures are currently in force in Health Boards/Trust across Wales  **Please state any resource implications associated with the implementation**.  none  **Please state any other implications which may arise from the implementation of this policy/procedure**.  none |

**Equality Assessment Statement – TO BE COMPLETED**

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the policy or that the policy will have no affect at all

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equality Statement** | | | | | |
|  | No impact | Adverse | Deferential | Positive | Comments |
| Age | X |  |  |  |  |
| Disability | X |  |  |  |  |
| Gender | X |  |  |  |  |
| Race | X |  |  |  |  |
| Religion/Beliefs | X |  |  |  |  |
| Sexual Orientation | X |  |  |  |  |
| Welsh Language | X |  |  |  |  |
| Human Rights | x |  |  |  |  |

**Risk Assessment**

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| **Are there any risks arising from the implementation of this policy? No** |
| **Do you believe that they are adequately controlled? N/a** |

1. **NHS All Wales Lease Car Policy and Procedure**
   1. **Introduction**

This sets out the terms and conditions of the All Wales Lease Car scheme adopted by the Health Board(s) and Trust(s) across Wales for the provision of Leased vehicles to staff in line with Annex M of the A4C handbook and M&D Policy; this policy replaces any previous policies in place for lease cars. The aim of the policy is to be fair and consistent to all individuals and assist Health Boards/Trusts in providing an efficient and effective administration Service to the NHS staff across Wales.

**1.2**  This Policy takes into account the following key principles:

* To be available for all staff who are required to travel as part of their role within the Health Board/Trust.
* That the financial implications are clearly set out for the individual.
* That the financial implications are clearly set out for the Health Board/Trust.
* That any Lease Car Agreement approved is no worse than cost neutral to the Health Board in comparison with Travel expenses.
* That the agreement is tax efficient for individual and organisation.
* The scheme provides choice for staff whilst cost to Health Board/Trust of travel is firmly controlled, and if possible, reduced.
* There should be no incentives or penalties tied to the scheme with free access in or out of it (except for early termination charges on lease agreements).
* The scheme is simple to administer and easy for all staff to understand.
* The scheme is flexible and able to adapt to future changes in Travel Expenses terms.
* The scheme should be as environmentally sustainable as possible. Staff should note that the provision of a Leased Car scheme is discretionary on the part of the Health Board/Trust. It is provided as a cost neutral staff benefit, as an alternative to reimbursement of NHS mileage rates at current rates paid for the use of a private vehicle and is open to all staff on that basis. Where disabled staff are required to have modifications to a vehicle this can only be with the express approval of the leasing company. The costs of modifications will be considered as part of the lease car costs and treated in accordance with this policy.
* All Lease Car Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.
* The scheme is offered to all employees of the Health Board/Trust who are required to be mobile and where the Health Board/Trust considers there is an economic case to provide a Lease Car. Generally speaking the Health Board/Trust will not normally consider providing a Leased vehicle to staff who travel less than 3500 business miles or who are on temporary contracts of employment. Applications that do not meet this requirement will be subject of approval of the Director of Workforce & OD or their nominated representative.
* This scheme does not form part of an employee’s Terms and Conditions of employment and the Scheme may be varied or withdrawn at any time. Nothing in this document shall be inferred as conferring rights.
* Notwithstanding the above, other than for changes in Road Fund License (or other tax e.g. VAT), Insurance premiums or underpinning Travel Expense rates, the Health Board/Trust will normally only implement changes to the scheme architecture at the end of the lease period.

* Participation in the scheme is entirely voluntary and staff may revert to claim travel expenses for a private vehicle at the end of the lease period, under the appropriate terms at that time.
* The lease period is for three years. However if for reasons supported by the Health Board/Trust whereby a further period needs to be considered the only exception for this extension is for organisational change and/or retirement.
* The choice of vehicle would be left to the driver, but Health Boards/Trusts retain the right to ensure that the lease vehicle meets the “Green” criteria emissions in 2020.

Finance Bill 2020 introduces primary legislation to clarify that all new cars provided to employees and available for private use which are first registered from 6 April 2020 will be taxed according to the CO2 emissions figure measured under the WLTP procedure.

* Health Board/Trust liability will be restricted to the total cost that would have been incurred had the individual used their own car and been paid travel expenses under A4C and Medical & Dental Terms and Conditions for Standard users at the time of the application.

**1.3** The information contained in this policy is subject to changes in legislation. Staff should be aware that a lease car is considered to be a “company car” and remains the property of the Leasing Company during the period of the lease. It will therefore be subject to taxation as a benefit in kind. Please contact your tax office for further information.

* 1. This policy applies to all grades of staff within the Health Board/Trust including Directors, Board Members and Medical and Dental Officers. PLEASE NOTE – for staff transferring from one Health Board/Trust in Wales to another can request to bring their lease car with them. The agreement from the Directorate Manager MUST be received by the NWSSP Lease Car Department before the vehicle can be transferred. Without this agreement in place, the vehicle CANNOT be covered by the Health Board/Trust insurance. At the time of the transfer where a vehicle is existing on a local Health Board/Trust Lease Car policy the terms and conditions will be revised under this All Wales Lease Car Policy. Where a lease car is transferring under TUPE arrangements the terms and conditions will remain the same until the end of the lease contract for that vehicle at which time any renewal will come under the All Wales Lease Car Policy.
  2. The drivers will be responsible for supplying a printout or a code number via the on-line DVLA website where NWSSP Lease Car Office is given authorisation to obtain a copy of the driving licence details including any convictions/penalty points. This includes full details as above on any subsequent nominated authorised driver which would normally reside at the principle driver’s address holding a full clean driving licence for a minimum of one year over the age of 18. Please note until NWSSP Lease Car Office are in receipt of the licence details no order can be placed for the lease car vehicle.

2 Benefit in Kind Liabilities

Taxation

From 6th of April 2002 the taxable liability of a company car is determined by its carbon dioxide (CO2) emission. This legislation was introduced in an effort to encourage selection of cleaner and more fuel-efficient vehicles. This information is subject to change at any time by the HMRC.

The tax liability is based upon a percentage of the car’s list price graduated according to the level of the car’s CO2 emissions. The exact CO2, which is measuredin grams per kilometre, is rounded down to the nearest 5g/km. Details of the scale charge are available from HMRC website (www.hmrc.gov.uk).

3 Applying for a Car

**3.1 Think Carefully!**

This Policy sets out the terms and conditions under which NWSSP will administer on behalf of the Health Board(s)/Trust across All Wales to provide Lease Car vehicles to members of staff.

**STAFF WHO APPLY AND ARE ALLOCATED A LEASE CAR VEHICLE UNDER THIS SCHEME ARE DEEMED TO HAVE ACCEPTED AND READ THE CONDITIONS AS SET OUT BELOW:**

When an individual member of staff decides that they would like to apply for a lease car they should, in the first instance satisfy themselves of the following:

* + 1. That they have read and understood the terms of the scheme and appreciate the basis on which the vehicle is being made available including how the Lease Car charge is made up.
    2. That they clearly understand that the vehicle is not available for any purpose other than Health Board/Trust business and their personal social domestic and pleasure use. The Lease Car may not be used for hire and reward, racing, pacesetting or any business uses other than for Health Board/Trust business.
    3. That they are aware that the vehicle will be new and that Lease Car charges include the cost of depreciation (purchase cost to the leasing company less what it estimates it can sell the car at the end of the lease), and a fixed sum to cover servicing and repairs in accordance with manufacturers stipulations (all contracts include servicing and maintenance), Road Fund License (RFL), MOT, Insurance and mechanical relief services.
    4. That the Lease Car Charge includes an annual administration charge that covers the costs of the administration of the scheme on behalf of the Health Board/Trust.
    5. That they are responsible for the general care for the vehicle, ensuring it is regularly serviced by a manufacture’s approved agent and is not subjected to abuse. They understand that any charges levied by the leasing company during or at the end of a contract relating to damage outside the company’s fair wear and tear scheme will be passed on to the driver.
    6. That they understand current legislation with regard to company car taxation. That is to say that the car is a ‘’benefit in kind’’ and as such will attract National Insurance contributions (deducted from pay as part of the private use charge by the Health Board/Trust) and Income Tax (not part of the private use charge). Income Tax is taken by the Inland Revenue by adjustment of an individual’s tax code.
    7. That they can afford the terms and length of the leasing commitment for three years in duration. If at any time the user, through their own choice, wishes to return the car they will be responsible for the payment of any early termination charge by the Lease Car Company.
    8. Lease Cars are designated Health Board/Trust vehicles. There is a strict No Smoking policy and the safe use of mobile phones which applies to all Leased Car drivers as it does to all other Health Board/Trust vehicles. This policy applies when the vehicle is used for BOTH business and private use and this could result in disciplinary action being taken against the employee.
    9. They understand that the key determinate of the cost of a particular vehicle is the total contract mileage. You should not underestimate private mileage or overestimate business miles in order to either reduce the private contribution or to overstate the allowance due.Cars returning over contract mileage are charged for at a set rate per mile and these charges will be passed on where appropriate. This charge also applies to cars which are returned under contract for business mileage where the allowance has been calculated more favourably due to managers/employees overstating official mileage. It is important that both manager and employee agree on the realistic mileage for both official and private use before a lease car is formally considered.
    10. They understand current legislation with regard to company car taxation. That is to say that the car is a “benefit in kind’’ and as such will attract Tax in each year following the submission of form P11d to HMRC. Income tax is taken by the HMRC by adjustment to the individuals’ tax code.
    11. Business mileage will be paid at HMRC Company Car Rates.

**3.2** If the individual decides that they want to proceed with a lease car application they should collect the following information:

* An estimate of annual private mileage. This will include the journey to and from their normal workplace however no mileage can be claimed/paid for any journeys that involve home to base mileage (classed as Commuting under HMRC rules) which includes excess, on call/call out and overtime mileages as any of this mileage claimed and paid will incur a fuel benefit charge to the employee.
* The make, model, engine size, fuel type (petrol/diesel/duel fuel/electric), number of doors, paint colour and type (solid/pearlescent/metallic) and any factory fit or dealer options they wish to have quoted for up to 6 cars and further quotes requested will attract an additional administration fee.
* A copy of the full driving licence will be obtained via the DVLA website including any convictions or penalty points for each driver as in 1.5 above.
  1. The applicant should submit this information on the NHS All Wales Lease Car Application Form (Appendix 1) or can be obtained by contacting [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk)) to their line manager who will be required to authorise the estimated business mileage as being correct.

For reference the applicant should keep copies of the All Wales Lease Car Application Form. Managers should be aware that it is their duty to ensure that all business mileage estimates are realistic. Once the business mileage is authorised and a car ordered it cannot be varied.

The Line Manager is responsible for submitting the authorised form including the appropriate signature of the Directorate to the NWSSP Lease Car Officer in the Payroll Services Department, Lease Car Section preferably by e-mail to lease.cars@wales.nhs.uk or by post to Matrix House, Northern Boulevard, Matrix Park ,Swansea Enterprise Park, Swansea SA6 8BX who will obtain quotations for the selected vehicles at the stated mileage from a panel of approved leasing companies via the National Framework System.

If a lease car contract expires prior to or during maternity leave absence and the Department Manager and the Employee have signed a new lease car contract this is based on the employee qualifying for a lease car upon their return to work. However, if circumstances change upon the return to work and the employee no longer qualifies for a lease car it is the responsibility of the Department Manager to pick up the full cost of any termination fees that apply.

* 1. **NOTE** Staff in receipt of Excess Mileage may qualify for a lease car however any claim for excess mileage will then be classed as private mileage and therefore no further reimbursement will be paid. Staff who under organisational change are forced to move their base while in a current lease car contract, any claims for excess can be treated as notional mileage during the period of their current lease car contract. Each case will be assessed individually however, it is unlikely that staff in receipt of excess mileage will qualify for a lease car due to the Tax implications of incurring a fuel scale charge.

**3.5** Once the authorised documentation has been received the Lease Car Officer will calculate the private use contribution using the formula detailed in section 4. A full quotation will be returned to the applicant together with a letter outlining the administration process, who will have 14 days from the quotation date to accept one of the quotes by completing the appropriate forms regarding information on the chosen car, signing and returning the appropriate page to the Lease Car Officer in Payroll Services, Lease Car Department as in 3.4. The NWSSP Lease Car Officer will place the official order for the car. The NWSSP Lease Car Officer will check the application form and any other documentation, and place the order but any subsequent alterations made by the employee may incur additional charges.

* 1. If at any time between the acceptance of a quote and the placing of an order a change to the availability or specification of the chosen car occurs the Lease Car Officer will contact the applicant via email and will require written agreement to any change in specification or cost before the order is placed. The acceptance of a quote does not bind the Health Board/Trust to provide a car at the quoted specification or cost where it is unable to do so due to factors beyond its control (e.g. manufactures price increase, delivery delays or shortages of particular models). The timescale from the date of order to the delivery date can take between a period of three and seven months depending on the manufacturers availability of the requested vehicle.
  2. Once the order has been placed and confirmed by the Leasing Company, the NWSSP Lease Car Officer will notify the applicant/driver to arrange delivery directly with the leasing company. The employee **only** will be responsible for receiving the car and inspecting it, bringing any concerns to the attention of the delivery person immediately. The employee **only** is required to sign the leasing companies delivery note accepting delivery, these forms should be forwarded to the Lease Car Officer as in 3.4 and held on the appropriate lease car file for the individual.

4 The Calculation of Private Use Charges

4.1 **Table 1 – Example pricing calculation Ford EcoSport 1.0 EcoBoost Zetec (illustrative only)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Example of Cost of Lease Car and Contribution based on above illustration:-   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **EMPLOYEE DETAILS** | | | | | | | Name: |  | | Staff Number: |  | | | Annual Business Mileage: | 7000 | | Annual Private Mileage: | 7000 | | | Total Annual Mileage: | 14000 | | Department: | AFC | | |  |  |  |  |  |  | | **VEHICLE DETAILS** | | | | | | | Car Description: | Ford EcoSport 1.0 EcoBoost Zetec | | | | | | Optional Extras: |  | | | | | | Paint Finish: | Solid | | Engine (cc) / Fuel Type: | *<1000cc* | *Petrol* | | P11D Value: | £17,625 | Additional Cost | Co2 Emissions: | *121* | *25.00%* | | Notes: |  | | | | | |  |  |  |  |  |  | | **LEASE CAR CONTRIBUTION CALCULATOR** | | | | | | | Quoted Vehicle Annual Contract Hire | | £2,279.76 | *Including maintenance, relief and RFL excl VAT* | | | | Deduct Initial RFL | | £165.00 | *First tax disc taken out at first registration* | | | | Cost of Averaged RFL | | £148.33 | *3 years averaged std rates against Co2* | | | | Annual Additional RFL | | £0.00 | *List price above £40,000 but C02 below 180* | | | | Averaged Additional RFL | | £0.00 | *3 year averaged additional RFL* | | | | Net Vehicle Annual Contract Hire | | **£2,263.09** |  | | | | Handling Charge | | £150.00 | *To cover quotes, ordering & admin support* | | | | Insurance | | £531.94 | *Charge per vehicle inc claims management* | | | | Lease Car Business Miles | | £770.00 | *Fuel reimbursement to be claimed separately* | | | | GROSS COST | | £3,715.03 |  | | | | Less Mileage Allowance | | **£3,150.00** | *Health board contribution (Afc/MD Business Mileage rate per mile )* | | | | GROSS COST LESS HB CONTRIBUTION | | £565.03 | *HMRC Company Fuel mileage rate* | | | | Estimated Class 1A NIC | | £495.13 | *Charged on benefit in kind* | | | | VAT Output Tax | 20.00% | £212.03 | *Supply of goods is liable for VAT* | | | | **Charge to Employee Per Annum** | | **£1,272.20** | *1/12th to be deducted from salary each month (Subject to minimum fixed costs charge)* | | | | |  |  |  |  |  |  | | **PAYROLL BREAKDOWN** | | | | | | | Charge to Employee Per Month | | **£106.02** |  |  |  | | Private Use | | **£88.35** |  |  |  | | VAT | | **£17.67** |  |  |  | |  |  |  |  |  |  | | **BENEFIT IN KIND CALCULATION** | | | | | | | P11D Value | | £17,625.00 |  | | | | BIK Rate | | £0.25 |  | | | | BIK Gross | | £4,406.25 |  | | | | Annual Charge | | £1,272.20 |  | | | | Benefit in Kind | | £3,134.05 |  | | | | 20%\* | | £52.23 | *\*The Impact on take home pay of the Benefit In Kind and deducted monthly from the individuals tax code by the HMRC* | | | | 40%\* | | £104.47 | | 45%\* | | £117.53 | |

4.2 The current rates for road fund licence, fuel reimbursement, insurance, employers national insurance, administration charge and VAT are also detailed on a quotation. These are subject to review from time to time.

4.3 Once a quote has been accepted and the vehicle ordered, the monthly charge will only change due to one or more of the following:

* Changes in road fund licence costs due to legislation.
* Insurance is renewed annually and any additional costs or savings are passed on to users.
* Changes in VAT.
* Changes in class 1A national insurance rates
* Changes in taxation banding on CO2 emissions

5 Conditions of Use

* 1. Mileage Claims

The user is required to submit monthly mileage claims via SEL Expenses on a monthly basis. Business Mileage is paid at the HMRC Approved Company car rates which are reviewed every quarter by HMRC. Failure to submit claims on a monthly basis could lead to the withdrawal of fuel reimbursement until such time as the user has submitted any missing claims. It may also result in all mileage being classed as private use.

**5.2 Official Passengers & Heavy Bulk**

Official passengers may be carried in Lease Cars. But no reimbursement can be claimed for passenger carriage or Heavy Bulk Equipment.

5.3 Changes in Mileages

During the term of the lease if the employee wishes to decrease or increase the contract mileage significantly they must inform NWSSP Lease Car Office immediately where the NWSSP Lease Car Officer will seek guidance from the Leasing Company.

5.4 Insurance

The vehicle will be insured by the Health Board/Trust for business, study leave and social/domestic and pleasure use only for as long as the user remains an employee of the Health Board/Trust. Full details of the insurance policy in force will be circulated to users on renewal. This will include excess levels under the policy. Usually the policy will include a minimum policy excess which is the drivers liability and additional excesses for young, inexperienced drivers or those with previous convictions for traffic offences who are employed by the Health Board/Trust. The Health Board/Trust reserves the right to refuse applications from employees with a poor-driving record. On renewal any increase or decrease in premium will be passed on to Lease Car Drivers. The vehicle will not be insured for provisional licence holders.

5.5 Accidents

As with any motoring accident the driver should ensure that he/she obtains full particulars (vehicle registration, make, colour, drivers name and address, driver’s insurance policy number and company) from the other party/parties involved. Where possible they should also obtain the name and address of any witnesses and the name and number of any police officer who attends. At no time should they admit liability without the advice of the Insurance Company. **Users must contact the Insurance Company immediately and within 24 hours to report the accident** as stated on the Claims handling information supplied to you by the Lease Car Team, as it is the Insurance Company who must advise you of the action to be taken. Approval to commence repairs can only be given by the Insurance Company. All damage to the vehicle must be notified to the Insurance Company. The driver will be liable for the insurance excess charge where there is a third party involved, however, should the third party be found at fault this excess will be refunded to the driver. Where an accident occurs where there is no third party involved the driver will be liable for the insurance excess.

5.6 Motoring Offences

On application of a lease car the individual must issue the code number for the DVLA website for the NWSSP Lease Car Officer to obtain the licence details and details of any motoring convictions. It is the responsibility of the driver to ensure that, after these details have been obtained, any future convictions, for which points are awarded, are notified to the NWSSP Lease car officer immediately.

5.7 Fixed Penalty Offences & Parking Fines

Any fixed penalty offences/parking fines/congestion charges relating to the lease car will be the responsibility of the named driver.

In the instance of a camera fixed penalty notice the leasing company will automatically receive the penalty which will be automatically paid by the leasing company and sent to the NWSSP Lease Car Office, which will then be passed onto the relevant driver even where a nominated driver has incurred this charge.

Where the driver or nominated driver has incurred a fixed penalty parking fine (placed to the window) if the driver is in dispute they must return the dispute immediately to the penalty issuer to avoid any additional costs. If the driver is in dispute with a parking offence and has failed to notify the issuer by the given date (usually 14 days) and subsequently a fine is received into the NWSSP Lease Car Office this fine will be paid on behalf of the Health Board/Trust and the driver notified of the charges which will then be deducted from the next pay period, this is to avoid any further escalation of charges and bailiffs arriving at NWSSP to recover the monies owed by Health Board/Trust staff.

5.7.1 Additional Administration Charges

The named driver will incur an Additional Administration Charge applied separately by the Leasing Company and NWSSP Lease Car department for the handling of any unpaid fixed penalty offences/parking fines/congestion charges relating to a Lease Car.

5.8 Travel Abroad

Before travelling abroad with a lease vehicle, the employee will be required to notify the Leasing Company who will arrange details accordingly this requires min of 28 days notice. You will also be required to take out your own adequate personal travel insurance as the lease car insurance will only cover the vehicle.

5.9 Wear and Tear

5.9.1 Whilst it is acceptable that a vehicle is subject to reasonable wear and tear during its life the leasing company’s interpretation of ‘fair wear and tear’ is usually very closely drawn. Excluded are such things as:

* Glass Breakage (windows and lights)
* Punctures
* ‘Kerbing’ damage to tyres and wheels
* Stone chipping where the paint is broken and rusting has started
* Scratches to paintwork and bumpers
* Holes left by the removal of mobile phones
* Stained, torn or cigarette burned upholstery
* Mechanical failure due to abuse or incorrect servicing
* Valeting of the car where proper care has not been taken.

It is in the employee’s interest to ensure that the above are repaired at the time they occur, or at the time the car is serviced as per BVRLA guidelines (British Vehicle Road Licence Association) (copy available from NWSSP Lease Car Office).

5.9.2 The Health Board/Trust will be invoiced for damages as listed in 5.9.1 and where it is clear that they are the result of private use, careless business use or a failure to properly care for the vehicle these charges will be passed to the user.

6 Termination Charges

In making a vehicle available for private use by an individual, the Health Board/Trust does so on the understanding that the user will keep the vehicle for the 3 year contract term. Under certain circumstances the vehicle may become surplus to requirements before the end of the lease and will need to be returned to the leasing company early. In such cases it is normal for leasing companies to make an early termination charge to reflect its increased costs. The Health Board/Trust will recharge the individual with early termination charges if the termination is due to factors within the employee’s control. Reasons for early termination and who will pay are as follows:

6.1 The Health Board*/Trust to bear costs in the case of:*

* Ill health retirement.
* Extended Maternity Leave/Adoption Leave
* Redundancy.
* Early retirement for reasons of service efficiency.
* Transfer to duties not requiring/or reduced travelling brought about by management.
* Dismissal
* Organisational Change where the lease Car employee has been forced a change of base which would give them eligibility to excess mileage which if claimed by the employee they will incur additional Benefit In Kind in the form of Fuel Benefit Charge. NWSSP Lease Car Office must be informed directly by the Line Manager.
  1. User to bear costs in the case of:
* Voluntary resignation of posts for any reason (including new appointment, retirement).
* Retire & Return staff must contact the NWSSP lease Car Department at least 6 months prior to the retirement because if the break in service is longer than 14 days they must return the car on or before the retirement date.
* Voluntary termination/handing back of vehicle before the end of the lease contract.

(NOTE: For users who apply internally for a post not requiring travel it is the responsibility of the employee and appointing officer to negotiate arrangements surrounding an existing lease car. These should however be agreed in writing before confirmation of appointment to the new post, by the Director of Workforce and OD, and copied to the NWSSP Lease Car Officer.)

7 Additional Nominated Drivers

The driver can nominate 2 additional drivers which would reside at the principle drivers address holding a full clean driving licence for min of one year over the age of 18 to use the vehicle, where this is a requirement the additional driver will be expected to provide details of their full driving licence and convictions to the NWSSP Lease Car Officer, who will authorise the application. The Health Board/Trust reserves the right to refuse any such requests.

8 Return of the Vehicle

8.1 6 months prior to the end of the lease contract, the driver will be contacted by the NWSSP Lease Car Officer to ascertain their intentions with regard to renewal or withdrawal from the scheme.

* 1. The NWSSP Lease Car Officer will advise the driver of the vehicle collection at the end of the lease period. The driver must inspect the car with the collecting agent and any damage must be identified on the inspection form provided, to the satisfaction of the driver and sign for the acceptance of the inspection. Failure to do so will result in the driver being responsible for any return charges being made by the leasing company. (If you require any further information or advice please contact the NWSSP Lease Car officer prior to collection date) the employee will receive clear instruction via e-mail. The milometer reading must also be entered on the collection sheet and appropriate return vehicle report form supplied by the collecting agent. This will form the basis of the assessment of the drivers/Health Board/Trust liability with regard to claims under the fair wear and tear policy of the leasing company as per the BVRLA so it is vital that the vehicle is returned in a clean and tidy condition.
  2. The employee will be responsible for any charges relating to the Lease Car, these include over contract mileage and end of contract damages, the leasing company invoice the Health Board/Trust for these charges and payment will be deducted from the next pay period. Should this deduction cause financial hardship (must provide evidence) consideration could be given for the cost to be recovered over a reasonable period.

8.4 If for whatever reason the employee is dismissed or the contract of employment ended the employee will be required to return the car immediately as part of Health Board/Trust property.

On return of the vehicle the employee only must hand over the vehicle please ensure that identification is sought from the collecting agent before you hand over the car, documentation and keys and a signed termination document is received as a form of receipt from the collector.

9. NHS All Wales Pool Vehicle Policy and Procedure

**9.1 Introduction**

This document sets out the operational procedures for the application and management of Pool vehicles within the Health Board/Trust. The procedure is relevant to all staff who during the course of their duties for the Health Board/Trust are required to drive a vehicle on behalf of the Health Board/Trust or are responsible for managing a Pool Vehicle within their department.

**9.2 Objective**

To provide information to all Departmental Pool Vehicle Managers and Pool Vehicle users on the procedures for accessing Pool Vehicles.

**9.3. Definitions**

* **Departmental Pool Vehicle Manager**- Acting responsible person within the Health Board/Trust department for the allocated Pool Vehicle.
* **Budget Manager/holder** – the manager responsible for the cost of the Pool Vehicle.
* **Pool Vehicle** – a car/van that is Leased by a department manager to enable their staff to carry out their duties. N.B. please refer to the Lease Car policy for lease car arrangements.

10 Roles / Responsibilities

**10.1 Head of Department**

Each Head of the Department must:

* Ensure all staff read and understand this procedure
* Arrange regular review to monitor compliance with this procedure

**10.2 Shared Services, Pool Vehicle Department**

To support the respective Health Board/Trust Department Managers in the coordination and administration for applications of new or replacement Pool Vehicles.

NWSSP will source Pool Vehicles via CCS Framework for best value.

Place orders on the respective Health Board/Trust Oracle system from the most cost effective quotation from the Leasing Companies.

**10.3 Departmental Pool Vehicle Responsible Manager**

To manage the use of allocated Pool Vehicle in accordance with the arrangements detailed in this procedure document.

To carry out driver license authorizing checks, accounting for fuel cards and maintenance.

**10.4 Pool Vehicle Users**

To use the Pool Vehicle in accordance with the arrangements detailed in this procedure document.

**10.5. Monitoring Compliance with the Procedure**

Departmental Pool Vehicle responsible managers will monitor and audit Pool Vehicle users adherence to the procedure to ensure log sheets, license checks and fuel receipts are all in compliance.

**10.6. Review and Change Control**

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice collectively within All Wales Health Board/Trust indicate otherwise.

**11. Arrangements for use and Management of Pool Vehicles**

**11.1 Department Pool Vehicle Request**

During the course of carrying out official business, employees of Health Boards/Trust may be required to travel to locations other than their main employment base and the use of a Pool Vehicle may be an economical option for the Department if the following criteria are met:

1. The provision of a Pool Vehicle provides the most cost effective method of funding the department’s business mileage.
2. The vehicle procured will be a base model and will be dependent on local dealership garage availability in relation to servicing and be the best value for money for the organization.
3. There will be a dedicated named Departmental Pool Vehicle Manager assigned to take overall responsibility for the Pool Vehicle to ensure drivers fully comply with the standards detailed in this Pool Vehicle procedure document.
4. All Pool Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.

The Budget Manager will be required to authorize each application and confirm the annual official mileage for the vehicle. Requests will be processed via NWSSP Lease Car Department, who will ensure that the vehicle is the best value for money for Health Board/Trust.

**11.2 Conditions of use of a Pool Vehicle**

The vehicle will be insured for official business mileage only and must in no circumstances be used for any private mileage.

The Pool car will only be driven by employees of the Health Board/Trust who hold a full driving license.

The Departmental Pool Vehicle Manager will obtain a copy of each driver’s current driving license. This will be repeated annually where the employee continues to drive the Pool Vehicle.

The employees must advise the manager of any endorsements on the license.

The Pool vehicle must be kept on Health Board premises overnight. Only in exceptional circumstances and with Executive approval may a vehicle not be kept overnight on its base e.g. to enable staff access to work in the event of a severe weather event. Such instances will be considered business miles for accounting purposes.

Fuel for the vehicle will be obtained via a fuel card issued by the Health Board/Trust through the relevant Departmental Pool Vehicle Manager, and receipts will be attached to the appropriate log sheet in Appendix 4.

Drivers of the Pool vehicle must complete the log sheet for the vehicle and the Departmental Pool Vehicle manager will be required to audit log sheets at the end of each calendar month to verify that the vehicle has been used appropriately and that fuel usage reconciles with mileage driven. These documents should be filed locally for audit.

Please refer to the following HMRC link for further clarification on Pool/Commercial Vehicle guidelines; <https://www.gov.uk/guidance/use-of-company-pooled-cars-or-vans-480-chapter-15>

**11.3 Servicing, Maintenance and Repairs**

The lease contract includes the full maintenance and servicing in accordance with the manufacturers schedule i.e. repairs, replacement of tyres (through normal wear and tear), replacement vehicles where appropriate, batteries, exhausts etc.   
  
Servicing and repair will be carried out at the nearest available garage approved by the Lease Company and it will be the Departmental Pool Vehicle Managers responsibility to ensure that these take place at appropriate times.   
  
The Departmental Pool Vehicle Manager has a specific responsibility to ensure the following:-

* That the following checks are made on a frequent basis, checking the oil, water, battery, brakes and any other fluid levels, tyre pressures and topping up where required.
* The car is kept in a clean condition.
* There is a strict No Smoking policy and the safe use of Mobile phones which applies to all Pool Vehicle drivers as it does to all other Health Board vehicles.
* Costs for any valeting requirements should be met by Pool Vehicle budget holder where onsite facilities are not available.
* Reporting defects, damage or accidents immediately to the incumbent insurance company.
* Ensure security of the vehicle and keys when not in use.
* Verification of log sheets accuracy, mileage and fuel usage.
* Ensuring that Drivers are aware of any special care that is required when transporting Health Board/Trust property, especially medical supplies and equipment, drugs, mobile phones, computers etc. These items should always be kept out of sight if they must remain in the vehicle.
* Ensuring that drivers are aware that if they fail to report damage or faults with the vehicle that they may be restricted from using the vehicle or in the event of damage may be liable for the cost of the insurance excess for repairs.
* It will be the Departmental Pool Vehicle Managers responsibility for ensuring that the conditions detailed within this procedure are adhered to and to take relevant action where they are not.

**11.4 Pool Vehicle Users Undertaking**

All staff who are allocated the use of a Pool Vehicle will be required to sign an undertaking accepting liability for the conditions detailed within this procedure.

**12. Pool Vehicle Frequently Asked Questions**

**Q.** Can I purchase oil for the Pool Vehicle, using the fuel card provided?

**A.** YES, you can purchase oil from Fuel stations that stock the correct oil for the vehicle.

**Q**.If the Pool Vehicle requires Ad-Blue/Screen wash/De-Icer. Where can I get this from?

**A.** This can be ordered through Oracle as a non-catalogue request or through the local petty cash arrangements against the Pool Vehicle Manager’s budget.

**Q.** Where do I wash the Pool Vehicle? How is it funded?

**A.** These facilities may be available at the base of the Pool Vehicle (free of charge). If not available you can use a local garage or car wash. Receipts should be provided to enable reimbursement to be made. Reimbursements via petty cash of cleaning expenses of vehicles incurred by staff members is available on some of the main hospital sites where there are petty cash limits of £20.

**Q.** The Pool Vehicle I was driving has been involved in an accident, what should I do?

**A.** After ensuring you’re own or anyone else’s personal safety isn’t at risk, assess if any person has sustained any injuries. Determine if and damage is caused to another vehicle or to someone else's property e.g. street lamps, signs, bollards and other street furniture or any animals/livestock have been injured.

You must then remain at the scene for a reasonable period. Give your vehicle registration number, your name and address, and that of the vehicle owner (if different) to anyone with reasonable grounds for asking for those details if anyone else is involved take the other parties name & address details and also their insurance details and contact the Insurance Company **immediately and within 24 hours** of the accident. **At no time should you admit liability without the advice of the Insurance Company.**

If you don't exchange details at the scene, you must report the accident at a police station or to a police constable as soon as you can, and in any case within 24 hours.

All damages to the vehicle must be notified to the Insurance Company immediately.

If another person is injured, you must produce your certificate of insurance, if anyone at the scene has reasonable grounds to see it. If you don’t, you must report the accident at a police station or to a constable as soon as you can and in any case within 24 hours.

You'll need to produce your certificate of insurance but if you don't have it when reporting the accident to the police, you may take it, within seven days of the accident, to the police station you nominate when you report the incident. Reporting the accident to the police by telephone isn’t sufficient and you can’t ask someone else to report for you.

You're obliged to do these things not only when you’re directly involved in an accident, but also if your vehicle's 'presence' was a factor.

At the scene, collect and note down as much information as you can including photographs and notes. Useful information includes:-

**Scene** – date, time, location, weather conditions, traffic conditions, road markings/signs/signals.

**Vehicles** – make, model, registration number, colour, condition, estimated speed, direction, use of lights or indicators, number of passengers.

**People** – contact details, description/distinguishing features of driver(s), contact details of passengers, pedestrians or other witnesses, details of any police officers involved.

**Damage** – description of the damage to vehicles or property, and any injuries to people involved.

Remember to notify the insurance company **immediately** if an accident has occurred.

[](https://www.bing.com/images/search?view=detailV2&ccid=9wvhrajo&id=DC1E6FDF37F263CBBE2A90D6D202720BC49FF7EB&thid=OIP.9wvhrajo_tsNAajW6_QTlQHaCX&mediaurl=https://learning.wales.nhs.uk/pluginfile.php/1/theme_adaptable/logo/1474375695/Main%20Logo%20Shared%20Services.jpg&exph=369&expw=1156&q=nhs+wales&simid=608010437794465334&selectedIndex=16)

**Appendix 1**

**NHS All Wales Lease Car Application Form**

# Select the Health Board that applies

**Swansea Bay CWM TAF PHW POWYS VELINDRE HEIW**

Select correspondence Language

**Welsh/Cymraeg English**

*Complete all relevant fields on this form. Ensuring that you have signatures off you the lease car driver, Line manager & Directorate manager. Failure to fully complete this form will prolong the Application process.*

# Section 1 (Personal Details and Mileage Estimate)

|  |  |  |
| --- | --- | --- |
| Title: Mr / Mrs / Miss / Ms / Dr / Prof | Full Name: | |
| Payroll No: | Job Title: | |
| Home Address:Post Code: | | |
| Work Address:Post Code: | | |
| Work Tel No: | Home Tel No: | Mobile No: |
| NHS Email address: Alternative Email address: The email address provided will be used to provide quotations and could include personal and confidential information. We recommend that you provide a NHS email address only, please check your emails on a regular basis.If you wish to receive your quotations via post please tick this box | | |

|  |  |
| --- | --- |
| **Estimated Business Miles per annum**  *You must not include home to base, excess, redeployment and call out journey (unless to a place other than your base).* |  |
| **Estimated Private Miles per annum** |  |
| **Estimated Total Miles per annum**  *Multiples of 1’000 miles ONLY* |  |

**I wish to apply for a lease vehicle under the terms of the NHS All Wales Lease Car Policy for the selected Health Board. I have read and understood the policy. I confirm that the above information is correct to the best of my knowledge and I confirm my acceptance, in principle, of the Health Board’s offer of a lease car for my business and private use and request a quotation of the costs which I will be required to pay via my salary for the vehicles shown below.**

Employee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2 Manager Approval

# The business mileage applied for is accurate to the best of my knowledge and includes only those miles for which travel expenses would normally be payable (please ensure that the Business Mileage is as accurate as possible as historical mileage checks will no longer be undertaken by the NHS Lease Car Department). I confirm that the employee currently holds a contract of employment that shall remain in force for the period of the 3 year lease and should that contract end the car must be returned with immediate effect as part of the property of the Health Board.

1. Line Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Directorate Manager’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Direct Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**

* Mileage estimates must be as accurate as possible.
* Please note that this form will be returned if the full car specification is not provided.
* A total of only **SIX** vehicle quotations will be provided (ie: a Ford Fiesta in petrol and diesel versions would be classed as two quotes)
* Please also be aware of the options and accessories included with certain makes and models of vehicles. Only list options wanted. If you know that something comes as standard on the vehicle, DO NOT list it as an option.

* Limited Edition models offered by some dealerships may not be available to lease.
* The fleet recommendation for CO2 is 130g/km (reducing to 95 CO2 emissions in 2020) and the maximum CO2 figure is 165g/km for all Lease cars.

* Please be aware that diesel engines carry a 4% taxable surcharge. Please be aware that in order to meet environmental legislative requirements many diesel cars are fitted with Diesel Particular Filters (DPFs). If the vehicle you are considering is going to be used predominantly for urban driving, please consult your local dealer.
* ***Standard Safety Packs are in all vehicles and include: Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle***

# Section 3 (Vehicle Choice)

*Although every attempt will be made to supply an accurate quotation. The quotation will not be binding & the formal contract will be based on the contractor’s rate at the time of receiving the order confirmation.*

Vehicle 1 \*Delete as appropriate

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

Vehicle 2

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

Vehicle 3

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

Vehicle 4

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

Vehicle 5

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

Vehicle 6

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model: |  | |
| Specification: |  | Manual / Automatic\* |
| Engine size: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Paint finish: | Solid / Special Solid / Metallic / Pearlescent / Other\* | |
| Optional extras required: |  | |

**Section 4 (Contact Details)**

The NHS Lease Car Department is a section of the Payroll Services Department – the postal address is:

**NHS Lease Car Department, Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea, SA6 8BX.**

You can also contact the Team via email at [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or via telephone on 02920 903908

Some useful information can be found on the Lease Car Intranet Page (navigate through Boardwide Support Services > Payroll Services > Lease Car Department).

[](https://www.bing.com/images/search?view=detailV2&ccid=9wvhrajo&id=DC1E6FDF37F263CBBE2A90D6D202720BC49FF7EB&thid=OIP.9wvhrajo_tsNAajW6_QTlQHaCX&mediaurl=https://learning.wales.nhs.uk/pluginfile.php/1/theme_adaptable/logo/1474375695/Main%20Logo%20Shared%20Services.jpg&exph=369&expw=1156&q=nhs+wales&simid=608010437794465334&selectedIndex=16)

**Ffurflen Gais Prydlesu Ceir GIG Cymru Gyfan**

# Dewiswch y Bwrdd Iechyd sy'n berthnasol

**Bwrdd Iechyd Prifysgol Bae Abertawe CWM TAF IECHYD CYHOEDDUS CYMRU**

**POWYS FELINDRE AaGIC**

*Cwblhewch yr holl feysydd perthnasol ar y ffurflen hon. Sicrhewch eich bod yn cynnwys eich llofnod chi fel gyrrwr y car prydles yn ogystal â llofnodau eich Rheolwr Llinell a Rheolwr y Gyfarwyddiaeth. Bydd methu â chwblhau'r ffurflen hon yn llawn yn ymestyn y broses Ymgeisio.*

# Adran 1 (Manylion Personol ac Amcangyfrif Milltiroedd)

|  |  |  |
| --- | --- | --- |
| Teitl: Mr / Mrs / Miss / Ms / Dr / Yr Athro | Enw Llawn: | |
| Rhif Cyflogres: | Teitl Swydd: | |
| Cyfeiriad Cartref:Cod Post: | | |
| Cyfeiriad Gwaith:Cod Post: | | |
| Rhif Ffôn Gwaith: | Rhif Ffôn Cartref: | Rhif Ffôn Symudol: |
| Cyfeiriad E-bost y GIG: Cyfeiriad E-bost Arall: Defnyddir y cyfeiriad e-bost a ddarperir i ddarparu dyfynbrisiau a gallent gynnwys gwybodaeth bersonol a chyfrinachol. Rydym yn argymell eich bod yn darparu cyfeiriad e-bost y GIG yn unig. Gwiriwch eich e-byst yn rheolaidd.Os ydych chi'n dymuno derbyn eich dyfynbrisiau trwy'r post, ticiwch y blwch hwn | | |

|  |  |
| --- | --- |
| **Amcangyfrif Milltiroedd Busnes y flwyddyn**  *Rhaid i chi beidio â chynnwys milltiroedd o’r cartref i’r gweithle, milltiroedd ychwanegol, adleoli a theithiau galwadau allan (oni bai i le heblaw eich gweithle).* |  |
| **Amcangyfrif Milltiroedd Preifat y flwyddyn** |  |
| **Amcangyfrif o Gyfanswm Milltiroedd y flwyddyn**  *Lluosrifau o 1'000 o filltiroedd YN UNIG* |  |

**Hoffwn wneud cais am gerbyd prydles o dan delerau Polisi Prydlesu Ceir GIG Cymru ar gyfer y Bwrdd Iechyd a ddewiswyd. Rwyf wedi darllen ac yn deall y polisi. Rwyf yn cadarnhau bod yr wybodaeth uchod yn gywir hyd eithaf fy ngwybodaeth ac rwyf yn cadarnhau fy mod yn derbyn, mewn egwyddor, gynnig y Bwrdd Iechyd o gar prydles ar gyfer fy nefnydd busnes a phreifat. Rwyf yn gofyn am ddyfynbris o'r costau y bydd rhaid i mi eu talu trwy fy nghyflog am y cerbydau a ddangosir isod.**

Llofnod y Gweithiwr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dyddiad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Adran 2 Cymeradwyaeth y Rheolwr

# Mae'r milltiroedd busnes y gwnaed cais amdanynt yn gywir hyd eithaf fy ngwybodaeth ac yn cynnwys dim ond y milltiroedd hynny y byddai costau teithio fel arfer yn daladwy amdanynt (gwnewch yn siŵr bod y Milltiroedd Busnes mor gywir â phosibl gan na fydd Adran Car Prydles y GIG yn cynnal gwiriadau milltiroedd hanesyddol mwyach). Rwyf yn cadarnhau bod gan y gweithiwr gontract cyflogaeth ar hyn o bryd a fydd yn parhau yn weithredol am gyfnod 3 blynedd y brydles ac os bydd y contract hwnnw'n dod i ben, bydd rhaid dychwelyd y car ar unwaith fel rhan o eiddo'r Bwrdd Iechyd.

1. Llofnod y Rheolwr Llinell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enw (ysgrifennwch mewn priflythrennau): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cyfeiriad E-bost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhif Ffôn Uniongyrchol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dyddiad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Llofnod Rheolwr y Gyfarwyddiaeth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enw (ysgrifennwch mewn priflythrennau): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cyfeiriad E-bost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Rhif Ffôn Uniongyrchol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dyddiad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nodiadau**

* Rhaid i amcangyfrifon milltiroedd fod mor gywir â phosibl.
* Sylwch y dychwelir y ffurflen hon os na ddarperir manyleb lawn y car.
* Darperir cyfanswm o **CHWE** dyfynbris cerbyd (h.y: byddai Ford Fiesta petrol a diesel yn cael ei ystyried yn ddau ddyfynbris)
* Byddwch yn ymwybodol hefyd o'r opsiynau a'r ategolion sydd wedi'u cynnwys gyda rhai gwneuthuriadau a modelau o gerbydau. Rhestrwch yr opsiynau rydych eu heisiau yn unig. Os ydych chi'n gwybod bod rhywbeth yn dod gyda’r cerbyd fel rhywbeth safonol, PEIDIWCH â'i restru fel opsiwn.

* Efallai na fydd modelau cyfyngedig a gynigir gan rai delwriaethau ar gael i'w prydlesu.
* Argymhelliad y fflyd ar gyfer CO2 yw 130g/km a'r ffigur CO2 uchaf yw 165g/km ar gyfer pob car Prydles.

* Byddwch yn ymwybodol bod gordal trethadwy o 4% ar beiriannau diesel. Er mwyn cwrdd â gofynion deddfwriaethol amgylcheddol, cofiwch fod Hidlyddion Gronynnau Diesel wedi'u gosod mewn llawer o geir diesel. Os yw'r cerbyd rydych chi'n ei ystyried yn mynd i gael ei ddefnyddio'n bennaf ar gyfer gyrru trefol, ymgynghorwch â'ch deliwr lleol.

# Adran 3 (Dewis Cerbyd)

*Er y gwneir pob ymdrech i ddarparu dyfynbris cywir, ni fydd y dyfynbris yn rhwymol a bydd y contract ffurfiol yn seiliedig ar gyfradd y contractwr ar adeg derbyn cadarnhad yr archeb.*

Cerbyd 1 \*Dileu fel sy'n briodol

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

Cerbyd 2

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

Cerbyd 3

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

Cerbyd 4

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

Cerbyd 5

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

Cerbyd 6

|  |  |  |
| --- | --- | --- |
| Gwneuthuriad: |  | |
| Model: |  | |
| Manyleb: |  | Geriau llaw / Awtomatig\* |
| Maint y peiriant: |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| Nifer y Drysau: | 2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe\* | |
| Gorffeniad paent: | Solid / Special Solid / Metallic / Pearlescent / Arall\* | |
| Pethau ychwanegol dewisol sydd eu hangen: |  | |

**Adran 4 (Manylion Cyswllt)**

Mae Adran Prydlesu Ceir y GIG yn rhan o'r Adran Gwasanaethau Cyflogres - y cyfeiriad post yw:

**Adran Car Prydles y GIG, Tŷ Matrix, Boulevard y Gogledd, Parc Matrix, Parc Anturiaeth Abertawe, Abertawe, SA6 8BX.**

Gallwch hefyd gysylltu â'r Tîm trwy anfon [e-bost at lease.cars@wales.nhs.uk](mailto:e-bost%20at%20lease.cars@wales.nhs.uk) neu drwy ffonio 02920 903908

Gellir dod o hyd i wybodaeth ddefnyddiol ar y Dudalen Mewnrwyd Prydlesu Ceir (llywiwch Boardwide Support Services > Payroll Services > Lease Car Department).

Appendix 2



**NHS All Wales Lease Car Order Form**

NB: *Please complete all sections fully. Failure to comply will result in delay of Car Order.*

**Section 1 (Personal Details and Mileage Estimate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | |  | Payroll No: |
| Health Board/Trust: \*Delete as appropriate SBU LHB / CTM HB / PHW / PTLHB / VELINDRE NHS TRUST | | | |
| Job Title: | | | |
| Home Address:Post Code: Please tick if this is your preferred delivery address | | | |
| Work Address:Post Code: Please tick if this is your preferred delivery address | | | |
| \* NHS e-mail address only: | Tel No (inc code): | | Mobile No: |
| Annual mileage as per quotation:Business Miles: Private Miles: Total Miles: | | | |

\* I confirm that I have provided an NHS email address that I agree to receive personal and confidential information through. Please check your emails on a regular basis for updates on your lease car order.

**Section 2 (Vehicle Required)**

|  |  |
| --- | --- |
| 1. Car description:-   Manufacturer / Model / Specification / Engine Size |  |
| 1. Fuel Type (please select): | Petrol / Diesel / Hybrid / Other |
| 1. No of doors (please select): | 2dr / 3dr hatch / 4dr saloon / 5dr hatch / 5dr estate |
| 1. Extra options (if applicable and included on your quotation letter): |  |
| 1. Exterior Colour Choice: 1st:   2nd:  Please ensure you provide us with the correct colour name (e.g. satin silver); we cannot accept ‘any colour’. You must only provide a colour choice within the paint finish which you have been quoted. *Only state a colour which you are happy to accept, you do not have to provide a second colour choice if not required, the lease company may chose the colour with the quickest availability.* | |
| 1. Interior Choice:   (If left blank the manufacturers standard interior will be provided) |  |
| Monthly Rental: £  *shown on quotation* |  |

**Section 3 (Nominated Drivers and Licences)**

Please see Lease Car Policy for restrictions

|  |  |
| --- | --- |
| **Principle driver name\*:** | **Licence no:** |
| **Additional driver name:**  **Relationship to applicant:** | **Licence no:**  **D.O.B:** |

**You must provide a copy of the full current driving licences for the two people named above – for new style licences you must include the photo card (front & back) and new ONLINE summary (obtained via DVLA online: *www.gov.uk/check-driving-information*). Your order will not be processed if you fail to supply the driving licences at this stage, or give a valid reason for their omission.**

\* I understand that I will not be able to take possession of the vehicle unless I have provided a copy of the principal driver’s licence as detailed above (an additional driver will not be authorised or insured to drive until the full licence is provided). If licences are unavailable immediately then please state reason here:

**Section 4 (Health Declaration)**

The law requires you to tell the DVLA about any condition that may affect your ability to drive safely. If you are involved in an accident and it is found that your health condition was a contributing factor, you may be prosecuted and your insurance may not be valid. In line with the DVLA Medical Standards of Fitness to Drive, you and your nominated driver have a duty to disclose any of the following disorders / illnesses to the DVLA.

|  |  |  |  |
| --- | --- | --- | --- |
| Neurological disorders  Cardiovascular disorders  Diabetes mellitus  Psychiatric disorders / cognitive function impairment  Drug and alcohol misuse/dependency  Visual disorders  Deafness disorders  Renal disorders  Respiratory disorders  Sleep disorders  Brain tumours  Lung or other cancers  Hiv positive or aids syndrome | Taking this disclosure requirement into consideration, are you and your nominated driver ‘fit to drive’?   |  | | --- | | Yes | | No |   (If you have answered ‘no’ to the above question could you please ring the NHS lease car department immediately and in absolute confidence on: 01792 5321 28/29/30) |

**Section 5 (Insurance History)**

Please give details of any motor insurance application refusals and/or special items imposed and/or motor policies cancelled for any person detailed above. Use separate sheet if necessary.

|  |  |
| --- | --- |
| Name of Driver | Details |
|  |  |

**Section 6 (Employee Declaration)**

I have read and understood the All Wales NHS Lease Car Policy and hereby declare that I agree to fully observe all its requirements. I authorise the relevant deductions from my salary for private use. I confirm that the information given by me is correct to the best of my knowledge*. Should I wish to cancel my order before the vehicle has been delivered I authorise NWSSP to deduct any cancellation charge levied by the leasing company from my pay.*

I agree to fully familiarise myself with the controls of my chosen vehicle prior to delivery. The delivery agent is not responsible for any instructions.

Should I leave the Health Board for any reason before the end of the lease period I understand that my liability for termination charges will be governed by the provisions of the policy and I will be required to hand back the vehicle with immediate effect.

**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section 7 (Line Manager Authorisation)

Line Manager’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return completed order form with full copies of driving licences to*:**

**Email:** [**lease.cars@wales.nhs.uk**](mailto:lease.cars@wales.nhs.uk)

**WHERE POSSIBLE PLEASE SEND AN ORIGINAL, AUTHORISED COPY OF THIS FORM.**

**COPIES MAY BE SENT VIA EMAIL BUT WILL ONLY BE ACCEPTED FROM THE AUTHORISING MANAGER.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Office Use Only

|  |  |
| --- | --- |
| Requisition Number:  Leasing Company: | Dir Finance Code:  Annual Rental: |

|  |  |
| --- | --- |
| Processed in Oracle by:  Signed:  Date: | Approved by:  Signed:  Date: |

Appendix 3

|  |  |  |
| --- | --- | --- |
| **NHS All Wales Pool Vehicle Application Request** |  |  |
|  |  |  |

I wish to make an application for a Pool vehicle under the terms of the Department Pool Operational Procedure. I have read and understood the procedure and if I accept a quotation, I understand that I shall be bound to keep the vehicle for the term of lease. I also undertake to ensure that the vehicle will be properly maintained in line with the manufacturer requirements.

For the purpose of a Pool vehicle I understand that the specification of the vehicle is restricted to that of a base vehicle with no additional options and will be further restricted with dealerships that are convenient for services. The vehicle offered will be the best value for money for Health Board/Trust.

I have discussed the future business mileage with the Executive Director for the department, these are believed to be the realistic mileage for this vehicle and we know of no reason why this should change in the immediate future.

The Business miles for this vehicle are estimated to be ………….. Miles per annum.

I attach the request for quotations for a vehicle (Appendix 7) on the basis of the mileage shown above and understand that the vehicle recommended by the NWSSP Lease Car Department, to be the most cost effective option following a costing exercise to ensure value for money.

I understand and accept the responsibilities of a Pool Car Manager and that I will be responsible for the following:-

* Ensuring that the vehicle Driver is an employee of the Health Board/Trust and has a current Full Driving License.
* Verifying vehicle users licenses before use and annually thereafter.
* Ensuring that the vehicle is maintained and kept in a roadworthy condition.
* Ensuring that all Pool Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.
* Ensuring that the vehicle is kept on Health Board/Trust premises overnight.
* Ensuring that the log sheets and receipts for fuel are completed for each journey and receipts attached where applicable for fuel.
* That the vehicle is kept in a clean condition.
* The security of the vehicle keys when not in use.
* That all faults or accidents are reported immediately.
* That the servicing of the vehicle, replacement of tyres, etc. are carried out when required.
* That the business mileage of the vehicle is monitored and any increase or decrease in the estimated mileage is notified to the NWSSP Lease Car Department, on an annual basis.
* Any fixed penalty offences/Parking fines/congestion charges & speeding fines are the personal responsibility of the named driver of the vehicle at the time the fine was issued.

All fines will incur an administration charge both from the Leasing Company and the Lease Car Team.

* There is a NO smoking and Safe Use of Mobile Phones policy in all Health Board/Trust vehicles.
* Disciplinary action may be carried out against a driver or the departmental manager responsible for the Pool vehicle if any of the above points are not carried out strictly in accordance with this procedure.

**Applicant Details**

(If applicable) please provide the registration of previous/old Pool Vehicle Reg: **……………………**

Name of the Budget Manager: ………………………………………….

Job Title: …………………………………………………………………………….

Department: ……………………………………………………………………….

Pool Vehicle Manger: ………………………………………………………………

Address: …………………………………………………………………………

………………………………………………………………………..

Work Tel: …………………………………………………………………………..

Mobile No: ………………………………………………………………………….

Email Address: ………………………………………………………………….

* Drivers of the car will be required to enable a DVLA license check by the respective Pool Vehicle Manager, before they are allowed to use the vehicle.

**Employee Declaration**

I have read and fully understood the procedure   
  
 Name (print):………………………………………   
  
 Signature:………………………………………….   
  
 Date:…………………………………..………

**Pool Vehicle Managers Authorisation**

I have read and understood the procedure, in particular my responsibilities as the Budget Manager of a Pool Vehicle. The business mileage applied for is accurate to the best of my knowledge and includes only those miles for which travel expenses would normally be payable.

I can confirm that all employees who will have use of the vehicle currently hold a contract of employment with Health Board/Trust and a current full driving license.

Pool Vehicle Managers signature: …………………………………………………

Name (please print): …………………………………………………………..……   
 Position: ……………………………………………………………………………………….   
  
 Budget Code for Charge: ………………………………………………….

Date: …………………………………………………………………………………….   
 **Executive Director Approval:**   
  
 Director Signature: ………………………………………………  
  
 Name (please print): ……………………………………………….

Date: …………………………………………………………………………..

|  |  |
| --- | --- |
| **Appendix 4**  **Daily Safety Checks and Weekly Fuel Usage Records** |  |

**Vehicle Registration** **Week Ending**

**The Following Items Must Be Checked Prior To Driving This Vehicle**

“**NIL**” should be entered to indicate no defects – do not just tick box.

Any defect must be reported immediately to your Pool Vehicle Manager and the vehicle should not be used until the fault is rectified.

*Please note*: it is the responsibility of anyone using this vehicle to check its roadworthiness and complete this sheet prior to driving, refuel it and clean it after use.

When leaving the vehicle unattended the driver must ensure the keys are removed and that the vehicle and its contents are secured.

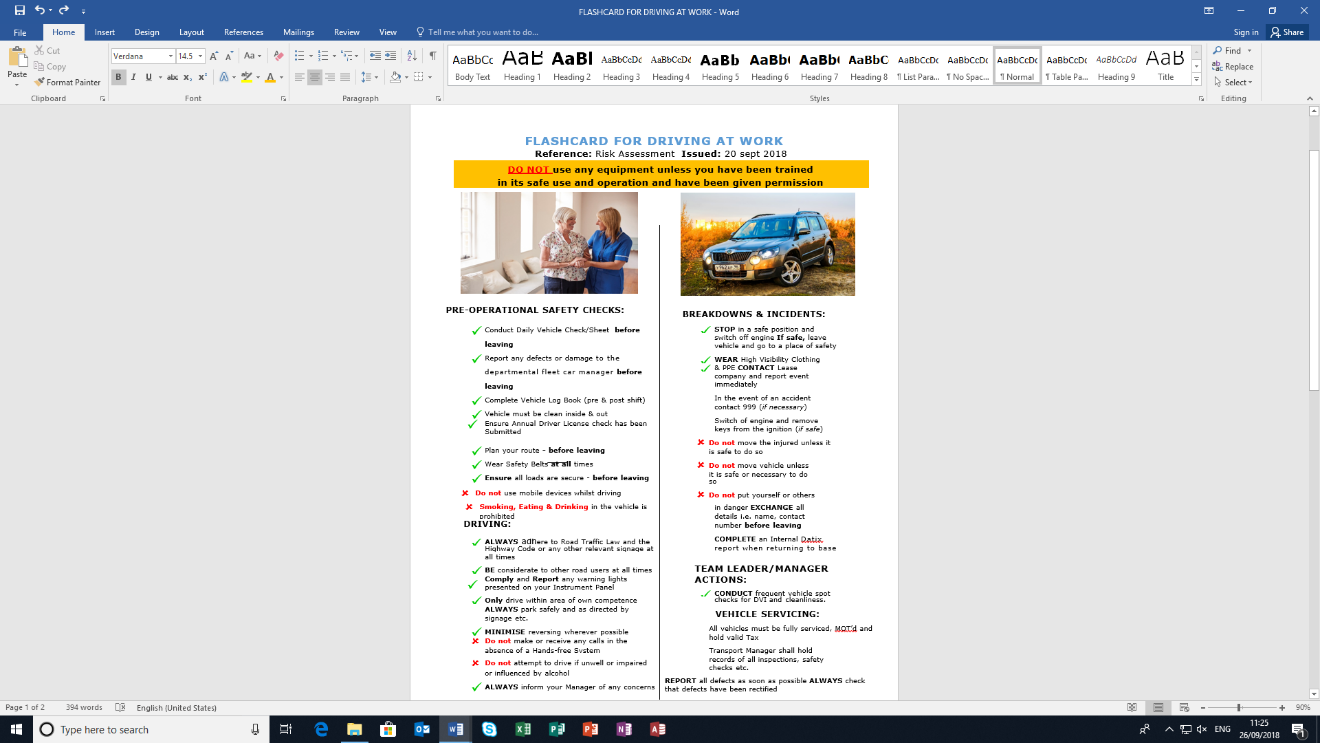
All staff are to ensure that when any vehicle is in their care, it is either parked or stopped for any unloading/loading that both the engine and radio are switched off.

**Mileage Start of week** **Mileage end of week**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day/Date** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| Battery |  |  |  |  |  |  |  |
| Fuel & Supply & Card |  |  |  |  |  |  |  |
| Oil & Brake Fluid Levels |  |  |  |  |  |  |  |
| Radiator Level |  |  |  |  |  |  |  |
| Screen Wash |  |  |  |  |  |  |  |
| Wiper Blades |  |  |  |  |  |  |  |
| Head & Side Lights |  |  |  |  |  |  |  |
| Brake & Fog Lights |  |  |  |  |  |  |  |
| Indicators & Reflectors |  |  |  |  |  |  |  |
| Tyres & Wheel secruity |  |  |  |  |  |  |  |
| Mirrors |  |  |  |  |  |  |  |
| Brakes |  |  |  |  |  |  |  |
| Bodywork |  |  |  |  |  |  |  |
| Horn |  |  |  |  |  |  |  |
| WM Systems ramp |  |  |  |  |  |  |  |
| **Checked By :** |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Weekly Fuel Usage Records** | | | |
| **Date** | **Litres Issued** | **Mileage** | **Supplying Garage** |
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| **Appendix 5**  **Safety Flash Card - to be kept in vehicle** |  |



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| **Appendix 6** |  | Appendix 6 | **Pool Vehicle Log Sheet** |

Registration Number Vehicle Base

Date:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Duty being undertaken** | **Journey** | | **Milometer Reading** | | **Total Mileage** | | **Driver** | **Passenger** |
| **From** | **To** | **Start** | **Finish** | **Official** | **Private** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | Total |  |  |  |  |

**Certification of Pool Department Vehicle Manager – I hereby certify that the official mileages recorded were in respect of journeys on official business and necessary.**

**Signature Date**

[](https://www.bing.com/images/search?view=detailV2&ccid=9wvhrajo&id=DC1E6FDF37F263CBBE2A90D6D202720BC49FF7EB&thid=OIP.9wvhrajo_tsNAajW6_QTlQHaCX&mediaurl=https://learning.wales.nhs.uk/pluginfile.php/1/theme_adaptable/logo/1474375695/Main%20Logo%20Shared%20Services.jpg&exph=369&expw=1156&q=nhs+wales&simid=608010437794465334&selectedIndex=16)

Appendix 7

**NHS All Wales Pool/Commercial Vehicle Application Form**

Select correspondence Language

**Welsh/Cymraeg English**

Please complete details of the vehicle required, and forward to your Directorate/Clinical Manager for authorisation prior to submission to the Lease Car Department. A quotation based on the information provided and current hire charges will be forwarded to you as soon as it becomes available. Although every attempt will be made to supply an accurate quotation, the quotation will not be binding, and the formal contract will be based on the contractor’s rates at the time of receiving the order confirmation.

# Section 1 (Health Board / Trust Details and Mileage Estimate)

|  |  |
| --- | --- |
| Health Board/Trust: | Department |
| Contact Name : | Job Title : |
| Work Address:Post Code: | |
| Work Tel No: | |
| NHS Email address: | |

|  |  |
| --- | --- |
| Estimated Business Miles per annum |  |

# Section 2 Manager Approval

I confirm that the above information is correct and to the best of my knowledge for a department pool/commercial vehicle for business use only.

# The business mileage applied for is accurate to the best of my knowledge. I can confirm that the contract shall remain in force for the period of the 3 year lease and should that contract end, the Department car must be returned with immediate effect as part of the property of the Health Board/Trust.

1. Line Manager’s Signature:

Name (please print):

Email address:

Direct Telephone No:

Date:

# Section 3 (Vehicle Choice)

*Although every attempt will be made to supply an accurate quotation. The quotation will not be binding & the formal contract will be based on the contractor’s rate at the time of receiving the order confirmation.*

***Standard Safety Packs on all vehicles include: Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle***

Vehicle 1

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model:  Body Style:  Cabs: **Commercial Only)**  No Seats: |  | |
| Specification: |  | Manual / Automatic |
| Engine size:  Drive:  Eg: 2WD/4WD |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors:  Type of Doors**:(Commercial Only)** |  | |
| Paint finish & Colour: |  | |
| Optional extras required: |  | |

Vehicle 2

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model:  Body Style:  Cabs**:(Commercial Only)**  No Seats: |  | |
| Specification: |  | Manual / Automatic |
| Engine size:  Drive:  Eg: 2WD/4WD |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors:  Type of Doors: **(Commercial Only)** |  | |
| Paint finish & Colour: |  | |
| Optional extras required: |  | |

Vehicle 3

|  |  |  |
| --- | --- | --- |
| Make: |  | |
| Model:  Body Style:  Cabs**:(Commercial Only)**  No Seats: |  | |
| Specification: |  | Manual / Automatic |
| Engine size:  Drive:  Eg: 2WD/4WD |  | Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid |
| No. of Doors:  Type of Doors: **(Commercial Only)** |  | |
| Paint finish & Colour: |  | |
| Optional extras required: |  | |

**Section 4 (Contact Details)**

The NHS Lease Car Department is a section of the Payroll Services Department.

You can also contact the Team via email at [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or via telephone on 02920 903908

Appendix 8

**NHS All Wales Pool/Commercial Vehicle Order Form**

NB: *Please complete all sections fully. Failure to comply will result in delay of car order.*

**Section 1 (Department Details and Mileage Estimate)**

|  |  |  |  |
| --- | --- | --- | --- |
| DEPARTMENT: | | |  |
| ANNUAL BUSINESS MILEAGE: | | |  |
| WORK ADDRESS: | | |  |
| EMAIL ADRESS | EXT NUMBER | Department Cost Code | |
| CONTACT NAME | | |  |

. Please check your emails on a regular basis for updates on your DEPARTMENT Pool Vehicle order.

**Section 2 (Vehicle Required)**

|  |  |
| --- | --- |
| 1. Car description:-   Manufacturer/ Model / Specification / Engine Size  Cabs**: (Commercial Only)** |  |
| 1. Fuel Type (please select): | Petrol / Diesel / Hybrid / Other |
| 1. No of doors (please select):   Type of Doors: **(Commercial Only)** | 5dr hatch / 5dr estate /Van |
| 1. Extra options (if applicable and included on your quotation letter): |  |
| 1. Exterior Colour Choice:   Please ensure you provide us with the correct colour name (e.g. satin silver); we cannot accept ‘any colour’. You must only provide a colour choice within the paint finish which you have been quoted. *Only state a colour which you are happy to accept, you do not have to provide a second colour choice if not required, the lease company may chose the colour with the quickest availability.* | |
| 1. Interior Choice:   (If left blank the manufacturers standard interior will be provided) |  |
| Annual Cost : £  *shown on quotation* |  |
| Financial Code :  *shown on quotation* |  |

**To meet HMRC regulations for pool vehicles, the following conditions must be met:-**

* **Vehicle is used for official business use only and under no circumstances should the vehicle be used for personal use.**
* **Used by more than one employee.**
* **Drivers are not permitted to take pool vehicles home.**

**Department pool/commercial vehicles must be returned to base after use. Where this is out of normal working hours, arrangements must be made for keys to be safely deposited. Failing this will incur a Tax liability.**

**Section 3 (Directorate Manager Authorisation)**

Directorate Manager’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directorate Manager’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return completed order form by* Email:** [**lease.cars@wales.nhs.uk**](mailto:lease.cars@wales.nhs.uk) or post ***to*:**

**All Wales NHS Lease Car Department, Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea, SA6 8BX.**

**WHERE POSSIBLE PLEASE SEND AN ORIGINAL, AUTHORISED COPY OF THIS FORM.**

**COPIES MAY BE SENT VIA EMAIL BUT WILL ONLY BE ACCEPTED FROM THE AUTHORISING MANAGER.**

**Office Use Only**

|  |  |
| --- | --- |
| Requisition Number:  Leasing Company: | Annual Rental: |

|  |  |
| --- | --- |
| Processed in Oracle by:  Signed:  Date: | Approved by:  Signed:  Date: |