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| Covid-19 Car Share Driver Agreement-19 Car Share Agreement | Logo  Description automatically generated |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | | |  | |  |  | |
|  | First Name | | |  | | | Middle Name | |  | Last Name | |
| **I DO Agree** | |
| Please tick | |
| **I DO NOT Agree** | |
| Please tick | |
| To follow and comply with PPE guidance when car sharing. I will ensure I keep masks, hand sanitizer and anti-bacterial wipes in my vehicle always. Any passenger I take to and from work must sit in the back on the passenger’s side. | | | | | | | | | | | | |
| Should my passenger break the conditions of this agreement I am to inform:  CLINICIAN CARE  [0345 894 2264](tel:08458942264) | Option 4  cliniciancare@catalystgrp.co.uk | | | | | | | | | | | | |
|  | | |  | |  |  | | | | |  | |
| Signature: | | |  | |  | Date of Signature | |
|  | | |  | |  |  | |