

VEHICLE SAFETY CHECK

As part of the registration process educators who will be transporting children in their vehicle will need to ensure their vehicle is road worthy. A copy of third party insurance, (green slip), comprehensive insurance and registration certificate must be provided with this form.

*Educators will need to have car seats checked and approved at a Child Safety Restraint Fitting Station **annually** or when a change of vehicle occurs.*

Name of educator: _____ Date: ____/____/____

Educator's address:

Vehicle registration checked: *(If more than 1 car used to transport children, both registration numbers required).*

1. _____ 2. _____

Vehicle model and year: _____

If yes, which vehicle and where are they situated _____

At the time of Inspection the following child restraint/s were checked and are compliant with Kids Safe: National Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles. Please ensure that all vehicles used to transport children have full registration, comprehensive insurance and third party insurances.

Car Seat/s _____ Booster/s _____ Harness _____ Other _____

Name of Agent (please print) _____ Signature _____

Date of Inspection: ____/____/____

Fitting Station Stamp/details: