

Driver Record and Evaluation

Date of Birth _____
 Date employment commenced _____
 Copy licences obtained _____
 Copy badge obtained _____
 Driver licence No. _____
 Local Authority licence details _____
 Previous convictions _____
 Previous accidents _____
 Health problems (if any) _____

| |
|---|
| Name _____ _____ |
| Address _____ _____ _____ _____ _____ |
| Post Code _____ |
| Contact Telephone No. _____ |

Driver Evaluation (15 minute Road Test)

| | Good | Average | Poor |
|---|------|---------|------|
| 1. Driving position (having regard to mirrors, controls and steering wheel) | | | |
| 2. Use of mirrors | | | |
| 3. Use of controls (brake, clutch, accelerator and indicators) | | | |
| 4. Distance between vehicles | | | |
| 5. Lane discipline | | | |
| 6. Junctions, roundabouts and bends | | | |
| 7. Overtaking | | | |
| 8. Manoeuvring | | | |
| 9. Awareness of other vehicles | | | |
| 10. Awareness of pedestrians | | | |
| 11. Anticipation of hazardous situations | | | |
| Overall Driving Standard: | | | |
| Comments: | | | |

Evaluation carried out by: _____ Position _____

Signed _____ Date _____