

Driver Assessment

To be completed by the A.D.I. in the presence of the driver

Driver's name
Address
Establishment
Training location
Instructor

Reference no. _____

Training date _____

Eyesight check _____

Licence valid _____

Category held for training vehicle _____

Expiry date _____

Pass	Fail
Yes	No
Yes	No

Vehicle type
 Car Taxi/PHV Minibus MPV LGV Other

Registration _____

	Yes	No		
Vehicle checks			Accelerator	
Moving off			Clutch	
Interior mirror			Gears	
Exterior mirrors - L/R			Steering	
Signals			Reversing	
Brakes/hand brake			Vehicle efficiency	

Awareness			
Concentration		Anticipation	
Observation		Planning	

Use of speed			
General		Safety margins	
Appropriate		Following distance	
		Clearance/meet/cross	

Road positioning			
General/corners		Signs/markings	
Stopping		Lane discipline	
Junction		Overtaking	

Consideration			
Passenger		Pedestrians	
Other road users		Other	

Standard acceptable?		Data protection advice given	
Yes			
No			

Comments

Instructor's signature _____

Contact information _____