****Appendix 1 London Borough of Tower Hamlets**

**Driving Assessment Form**

**Candidate details**

Name

*As presented on licence*

Department / Team Date of assessment

Email address

Address on licence

Has the candidate registered on TTC Continuum for Licence Check?

Yes / No

*If no, please speak to the Fleet Office and this can be organised for you*

Acknowledge candidate has received a copy of “Fleet Safety P&P”

Yes / No

*This would have been emailed to you prior to your assessment, if not please speak to the*

*Feet Office*

Digital tachograph  Driver CPC Log Book

Yes / No / N/A

Yes / No / N/A

Yes / No / N/A

 *Was “record book for*

 *drivers in road transport”*

 *issued (Domestic Hours* Conviction details Pending charges

Yes / No

*Please state year, If yes, please provide*

*offence code, points, details*

*notified insurers,*

*time served*

Yes / No

Glasses / Contacts / None

Eyesight Eyesight 20m assessment passed

*Candidate’s eye complies with*

*Legal requirements*

Disabilities that affect driving: *Diabetes,*

*Heart Conditions, DVLA noted,* *Insurers note, medication*

Signature Date

**Cost code**

All driving assessment cost £60 which will be recharged to the relevant team ***after*** the assessment takes place. *Please provide valid cost code*

Cost code

**This part to be completed by assessor only (Assessor to include assessment report)**

*I hereby certify that the above-named person on completing the road test, has passed / failed the council driving assessment.*

**PASSED / FAILED**

Signature Date