

Driver Assessment

Driver			
Address			
		Post Code:	
Telephone No:		Mobile:	
Email Address:			
Eyesight Test:	Yes	Declaration:	Yes

By providing my email address I consent to being contacted by email by the IAM. I understand that my details will not be passed to third parties. From time to time, the IAM would like to give you more information on the work of the IAM and other services we may provide that may benefit your driving skills. If you do not find this information useful then please unsubscribe on receipt or online.

Vehicle Make & Model:		Registration No:	
Driver's Signature:			

This must be brought to the attention of the Driver

- As the driver you are deemed to be in control of your vehicle at all times including responsibility for safety

Assessment grades							
1 Advanced Standard		2 More Guidance		3 Average Standard		4 Needs Development	
				Grade			
1	Starting Off Procedures			10	Speed (Limits/Making Progress)		
2	Clutch Control			11	Observations		
3	Use of Accelerator			12	Hazard Perception		
4	Use of Gears			13	Planning ahead		
5	Use of Brakes			14	Overtaking		
6	Steering			15	Restraint		
7	Use of Mirrors			16	Manoeuvring		
8	Signalling			17	Courtesy and Consideration		
9	Positioning			18	Concentration		

Additional comments: _____

Assessor:		Number:		Date:		/		/	
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Are you interested in receiving more information on IAM RoadSmart? Yes No

What was the origin of your Driver Assessment purchase?