

Rider Assessment

Rider			
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.

Machine Make & Model:		Registration No:	
Rider'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				Grade
1	Vehicle/ Clothing Condition Check			10	Speed (Limits/Making Progress)			
2	Starting Off Procedures			12	Observations			
3	Use of Throttle			13	Hazard Perception			
4	Use of Clutch			14	Planning ahead			
5	Use of Gears			15	Overtaking			
6	Use of Brakes			16	Restraint			
7	Steering			17	Slow Manoeuvring			
8	Rear observation/blind spot check			18	Courtesy and Consideration			
9	Signalling			19	Concentration			
10	Positioning			20	Knowledge of Highway Code			

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 Rider Assessment purchase?