

Elliott Nash Limited Driving Pre-employment Check (SHE 13)

TO BE COMPLETED BY THE APPLICANT

Applicant's name: _____

Driver Number: _____

Address:

Telephone number: _____

Date of birth: _____

I hold the following driving licence(s):

Type (Car/LGV/PCV)	Licence/Permit No.	Issued by	Expiry date
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In the past 5 years I have been involved in the following motor vehicle accidents and/or have committed the following traffic violation(s):

Date	Accident / Traffic Violation	Location	Penalty
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I do / do not have a DVLA notifiable medical condition.
(circle as appropriate)

Section	Revision No	Issue Date	Review Date	Approved
SHE 13	1	July 2011	July 2012	Yes/BMP

Permission is granted to _____ to refer to the appropriate Licensing Authority and/or to my previous employer(s).

Date: _____

Applicant's signature: _____

ENC Pre-employment Check

TO BE COMPLETED BY THE INTERVIEWER

I have examined the applicant's medical history and driving licence(s) as listed above and confirm that:

- The applicant does not have a DVLA notifiable medical condition.
- All licences are in the name of the applicant.
- All licences are valid for the country in which the applicant is resident.
- All licences are valid for the group(s) stated.
- A copy has been made and is attached.

Each licence has the following restrictions: _____

Total number of penalty points currently in force: _____

Interviewer's signature: _____

Interviewers name: _____

Date: _____

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