

Elliott Nash Ltd Driving Induction Checklist (SHE 5)

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)

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

Date: _____

Applicant's signature: _____

Section	Revision No	Issue Date	Review Date	Approved
SHE 5		July 11	July 12	Yes/BP