

Name of Applicant	Date of Birth	D	D	M	M	Y	Y	Y	Y
Licence/Learner Permit No.									
Name of Assessor	Date	D	D	M	M	Y	Y	Y	Y

Please cross all circles that apply – a cross indicates improvement is needed. Circles not crossed indicate competent skills were observed.

Driver Skills

Details

1 Intersection Negotiation

- ☐ Signalling
- ☐ Approach speed
- ☐ Sign/Signal obedience
- ☐ Observation
- ☐ Right of way
- ☐ Gap selection

2 Lane Changing

- ☐ Mirrors/Use
- ☐ Signalling
- ☐ Gap selection
- ☐ Shoulder check
- ☐ Speed control

3 Lane Use

- ☐ Lane keeping
- ☐ Position on road

4 Clearance from Vehicles

- ☐ Parked cars
- ☐ Following distance

5 Speed Control

- ☐ Exceeds the legal limit
- ☐ Too fast for conditions
- ☐ Too slow for conditions

6 Response to a Hazard

(please specify details)

7 Other

(please specify details)

Comments

Evaluation Results

☐ Satisfactory

☐ Unconditional Licence

☐ Conditional Licence

☐ Advisory Comments

--

--

☐ Unsatisfactory

- ☐ Licence Surrender
- ☐ Licence Suspension/
Cancellation

☐ Driver Rehabilitation (applicant should not return to driving without a driving instructor present in a dual controlled vehicle)

☐ Other (specify)

--