

Confidential  
Hawthorns logistics ltd  
Job Application

Office use only

Interview Date

Job applied for

Notes

Salutation  Family Name  First Names

Date of Birth  Gender Male  Female  Telephone Number  Mobile Number

Citizenship  Passport Number  ID Number

National Insurance Number  email  Address

**Next-of-kin** the person to contact in case of an emergency

Name  Relationship  Address   
Telephone Number  email

**Drivers License**

Do you have one?

Yes  No  Country  License Number  Pass Date

Class  Endorsements?

**Unspent Criminal Convictions**

Do you have any unspent criminal convictions? If yes, please list your criminal convictions and their dates. The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of Infinity, the information is relevant to the post for which you are applying.

# Job Application

## Education

Name and Address of School	Dates Attended	Examination /Qualification
Name and Address of University / College	Dates Attended	Examination /Qualification
Further Education and Training	Dates Attended	Examination /Qualification

## Work Experience

Date	Employer	Position and Duties	Reasons for Leaving

## Comments

From time to time hawthorns will need to process personal data and sensitive data relating to you for the purpose of your employment. You hereby consent to the processing of such personal and sensitive personal data.

"Personal Data" shall mean data which relates to you while you are alive from which data and other information which is in the possession of, or is likely to come into the possession (or any other data processor instructed by hawthorns), so you can be identified. Such data may include any expression of opinion about you and any indication of the intentions of hawthorns or any other person in respect of you.

"Sensitive personal Data" shall mean personal data consisting of information as to: your racial or ethnic origin, your political beliefs, your religious beliefs or beliefs of a similar nature, whether you are a member of a Trade Union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act of 1992), your physical or mental health or condition, your sexual life, the commission by you of an offence, or any proceeding for any offence committed or allegedly committed by you, the disposal of such proceedings or the sentence of any court in such proceedings.

Failure to declare material information or misrepresenting information may require us to exclude you from our register or terminate an assignment.

Signature.....

Date.....

# Occupational Health Questionnaire

## Office use only

### Personal Information

NAME

SURNAME

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Date of Birth	Gender	Height (in cm)	Weight (in kg)
	Male <input type="checkbox"/> Female <input type="checkbox"/>		

### History of Family Health

Is there any family history of heart disease, diabetes or any hereditary disorder? If yes, please give details Yes  No

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### Medical History

Have you ever had any of the following? If yes, please tick the appropriate box.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Frequent coughs and colds    | <input type="checkbox"/> Piles                         |
| <input type="checkbox"/> Back /neck trouble            | <input type="checkbox"/> Heart trouble                | <input type="checkbox"/> Recurring headaches/migraines |
| <input type="checkbox"/> Chest trouble                 | <input type="checkbox"/> High blood pressure          | <input type="checkbox"/> Rupture /hernia               |
| <input type="checkbox"/> Dizzy spells /fits/blackouts  | <input type="checkbox"/> Kidney or bladder problems   | <input type="checkbox"/> Skin disease /eczema          |
| <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Nervous disorders/breakdowns | <input type="checkbox"/> Stomach or bowel problems     |
| <input type="checkbox"/> Repetitive strain of any kind | <input type="checkbox"/> Painful joints               | <input type="checkbox"/> Varicose veins                |

### Details

1	Do you wear contact lenses / glasses? Do you need them for driving / reading/other?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
2	Do have poor hearing, in one or both of your ears?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
3	Are you receiving medical treatment, taking any medicines or injections at present?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
4	Do you suffer from any condition preventing you from wearing protective footwear?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	

## Occupational Health Questionnaire

		Details	
5	Are you allergic to anything?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
6	Have you ever been recommended to consult, or consulted, a surgical or medical specialist?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
7	Have you been an in-patient in hospital in the last 3 years?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
8	Have you ever had an illness or injury causing you to be off work for over 2 weeks?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
9	Do you or your blood relatives suffer from sickle-cell disease or any other blood disorder?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
10	Is there any other disorder or condition not already mentioned?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
11	Is there any other medical condition that you wish to discuss in confidence?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	

### Comments

I declare that the above information is correct and complete and that I have no other disorder or condition, mental or physical, not mentioned above. I understand that if the information is incorrect or if there is an omission, I may become liable to dismissal.

Data protection act: The information provided in this form may be used for statistical analysis and administering the company's operation in connection with my employment.

Signature.....

Date.....



Hawthorns Logistics Ltd, Tower Road, Washington, NE37 2SH

Right to work in the UK declaration – To be completed by ALL job applicants

You must be able to demonstrate that you have the right to work in the UK at your interview. If you cannot do that at your interview, then we will expect you have demonstrated that you are able to work in the UK before we offer you employment.

Please note: you will not be able to commence your employment until you have presented qualifying documentation to us.

You need to bring with you the appropriate original document/s from either **List A** or **List B** below.

Please indicate below by ticking the appropriate box, which document/s you have provided and then **sign the declaration below.**

List A - One document from the list. All list A documents show you have an ongoing right to work in the UK	Tick
A passport showing that you are a British Citizen or that you are a citizen of the United Kingdom and Colonies and you have the right of abode in the UK (an expired passport is acceptable).	*
A passport of national identity card showing that you are a national of the European Economic area (EEA) or Switzerland (an expired passport is acceptable).	
A Registration Certificate or other Document issued by the Home Office that shows you are a citizen of EEA or Switzerland and also states that you have permanent residence in the UK. This is either a blue or pink permit which includes your photograph and personal details.	
A Permanent Residence Certificate issued by the home office that shows you are a citizen of the EEA or Switzerland.	
A current Biometric Residence Permit which states that you are allowed to stay indefinitely in the UK or you have no time limit on your stay.	
A Current passport issued by a country outside the EEA which is endorsed to show that you are exempt from immigration and that you are allowed to stay indefinitely in the UK or that there is no limit on your stay	

List A – One document from the list plus an official document giving your National Insurance Number - e.g. a P45, a P60 a National	Tick
A Full UK Birth Certificate or adoption certificate which includes the name of at least one of your parents.	*
A Birth certificate issued in the channel islands, the isle of Man or the republic of Ireland.	
A Registration or naturalisation certificate stating that you are a British Citizen.	
A Current immigration status documents issued by the home office which is endorsed to state you can stay indefinitely in the UK of you have no time limit on your stay.	



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List B Group 1 – One document or a combination of the documents listed. These documents are valid until the expiry date shown on them.	Tick
A current passport issued by a country outside the EEA which is endorsed to show that you are able to stay in the UK and can do the stated permitted employment.	
A Current biometric residence Permit which show that you can stay in the UK and you can do the stated permitted employment and for the period of time specified.	
A current residence card issued by the home office to a non EEA national, with a specified expiry date, who is a family member of a national of a EEA country or Switzerland, or who has a derivative right residence.	
A current immigration status document issued by the Home Office, which includes a photograph of you and a valid endorsement that states you, can stay in the UK and the permitted work stated for the period of time in question. In addition to this document you will also need to provide an official document which contains your name and national insurance card, or a letter from the department for work and pensions.	

List B Group 2- These are documents that are valid for 6 months or less. We will have to check with the UKIV employer checking service and receive a positive verification Notice before we can offer you a job.	Tick
A certificate of application issued by the home office to a family member of national of an EEA country.	
An application registration card issued by the home office which states that you can do the permitted work.	
A positive verification notice issued by the home office Employer Checking Service, to the employer or prospective employer, which indicates what indicates that the names person may stay in the UK and is permitted to do the work in question.	

I confirm that I have the right to work in the United Kingdom and have provided appropriate documentation to demonstrate this as identified above.

Full Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



Hawthorns Logistics Ltd

## **JOB DESCRIPTION**

- JOB TITLE:** LGV1 Driver
- REPORTS TO:** Transport Manager
- REPORTING STAFF:** None
- PURPOSE OF THE JOB:** The pickup and delivery of goods in line with management instruction and company/customer standards.

### **KEY TASKS AND RESPONSIBILITIES:**

1. To be responsible for the pickup and delivery of temperature controlled goods as per management instruction.
2. To ensure the vehicles are loaded in a correct manner (either by physically loading the vehicle or by checking the loads already on the vehicle).
3. To always drive the vehicle in a responsible and safe manner meeting the requirements of the law, as set out in the relevant Road Traffic Acts, the Road Traffic Regulation Act, the Road Transport Act and/or any EEC requirements.
4. To ensure that vehicles are driven in such a manner that no injury to persons, damage to property, loss or damage to the load occurs.
5. To act as a company representative, displaying a professional image, so as to encourage future and/or continued business with the Company.
6. To make basic checks on vehicles at the beginning of every journey, to take note of all defects/damage and to report these at the earliest opportunity to management.
7. To display a sense of responsibility particularly in respect of perishable loads, in ensuring the correctness of fridge temperature, and in the event of accident or breakdown.
8. To comply with the requirements for all paperwork.
9. To observe the Company's rules as set out in 'Delivering Safely'



Hawthorns Logistics Ltd

**SKILLS REQUIRED:**

- LGVI licence
- Fridge trailer knowledge
- Good geographical knowledge
- Literate
- Good communication skills

**EXPERIENCE LEVEL:**

- LGVI experience.

**MEASUREMENTS OF PERFORMANCE:**

- Timeliness of deliveries
- Accuracy of paperwork
- Accident damage
- Adherence to Company rules
- Damage to goods in transit
- Shortages





Hawthorns Logistics Ltd

## **DELIVERING SAFELY**

As the driver, you are legally responsible for the safe operation of your vehicle and any ancillary equipment attached. Staying below the maximum gross vehicle weight, correct weight distribution, configuration and security of the load are all vitally important.

**If you are unsure about any safety aspect STOP and contact Chris for further advice.**

### **ESSENTIAL PROCEDURES:**

1. When Climbing into or out of the cab be sure to:
  - Face the steps you are using (climb out backwards)
  - Maintain 3 points of contact (never carry things)
  - Use the hand rails provided (try not to use the steering wheel)
  - Use all of the steps provided (do not jump) – report missing / damaged steps immediately.
2. Periodically check your safety footwear to ensure that it is in good order and fit for purpose. Order new footwear as soon as it becomes excessively damaged or worn if the soles lose their grip.
3. Only climb onto the rear of flat bed & drop side vehicles when absolutely necessary & do not work with your back to the edge of the vehicle.
4. Never manually handle loads that cause physical strain.
5. Never jump from a vehicle or load.
6. When climbing onto or down from the rear of the trailer be sure to:
  - Use the steps and handrails provided. (climb down backwards)
  - Use all of the steps provided (do not jump) – report missing / damaged steps immediately.
  - Maintain 3 points of contact (never carry things)
  - If the vehicle is fitted with a tail lift then you may use this in order to get in or out of the rear of the trailer. Take care when raising or lowering the tail lift (ensure that the area is clear and your feet are out of the way of the tail lift).
7. Wear your personal protective equipment (PPE) at all times where necessary. Items of essential PPE required include Safety footwear and High visibility vest, but this may include gloves and hard hat etc.
8. Only use lorry mounted loaders (tail lifts cranes etc) if you are properly trained and certified and are familiar with the controls and any safety precautions in place.
9. Park on level firm ground and ensure the vehicle brakes are on.

### **Remember**

**Health & safety of yourself and your work colleagues is your responsibility, failure to comply could result in disciplinary action being taken against you.**



Hawthorns Logistics Ltd

10. Stand to one side when opening rear doors or when drawing back curtains – be vigilant for insecure / falling loads.
11. Never try to stop a slipping / falling load (move out of the way)
12. Where forklift trucks or cranes are involved in loading / unloading – plan the lift with the FLT / Crane operator and agree an effective safe exclusion zone.
13. Ensure all hands / fingers are clear of the vehicle / load when opening or closing doors / roller shutter doors etc. Use the appropriate handle / rope etc.
14. Redistribute & re-secure, where necessary, any remaining load and equipment after each delivery.
15. Know the order of the drop, any site restrictions, and the method to off load and what assistance will be available.
16. You must wear seatbelts where provided and must not use mobile phones or other devices whilst driving.

**I confirm that I have been fully trained and understand all the procedures.**

**NAME** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Remember**

**Health & safety of yourself and your work colleagues is your responsibility, failure to comply could result in disciplinary action being taken against you.**



Title & Surname	
First & Middle Names	
Home Address	
Telephone Number	
Date Of Birth	
National Insurance Number	
Marital Status	
Next Of Kin Name	
Next Of Kin Address	
Next Of Kin Telephone Number	
Email Address for Payslip	
Name Of Bank	
Name On Bank Account	
Sort Code	
Account Number	

Signature\_\_\_\_\_

Date\_\_\_\_\_

**ARE YOU FIT TO WORK NIGHTS?**

The purpose of this questionnaire is to ensure that you are suited to working at night. All the information you provide will be kept confidential.

TYPE OF WORK/ DURATION OF NIGHT WORK.....

- 1. **Surname** .....
- 2. **First and second name/s** .....
- 3. **Sex (M/F)** .....
- 4. **Date of birth** .....
- 5. **Permanent address** .....
  
- 6. **Job title** .....
- 7. **National insurance no.** .....

Do you suffer from any of the following health conditions? (Y/N)

- Diabetes Y / N
- Heart or circulatory disorders Y / N
- Stomach or intestinal disorders Y / N
- Any condition which causes difficulties sleeping Y / N
- Chronic chest disorders, especially if night-time symptoms are troublesome Y / N
- Any medical condition requiring medication to a strict timetable Y / N
- Any other health factors that might affect fitness at work Y / N

If you have answered 'yes' to the above question, you may be asked to see a doctor or nurse for further assessment.

I, the undersigned, confirm that the above is correct to the best of my knowledge.

Signed.....Date.....

Print.....

**ASSESSMENT**

[this gives an indication of whether the worker is fit to work nights or should see a doctor or nurse for a medical examination]



## Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years.

**Do not send this form to HM Revenue and Customs (HMRC).**

## Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

**Do not send this form to HMRC.**

## Employee's personal details

**1 Last name**

**2 First name(s)**  
Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth

**3 Are you male or female?**  
Male  Female

**4 Date of birth DD MM YYYY**

**5 Home address**  
  
  
  
Postcode  
  
Country

**6 National Insurance number (if known)**

**7 Employment start date DD MM YYYY**

## Employee statement

**8 You need to select only one of the following statements A, B or C**

- A**  This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B**  This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- C**  As well as my new job, I have another job or receive a State or Occupational Pension.

**Please turn over >**

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## Student Loan

**9** Do you have a Student Loan which is not fully repaid?

Yes  If yes, go to question 10

No  If no, go to question 12

**10** Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments?

Yes  If yes, go to question 12

No  If no, go to question 11

## Student Loan Plans

You will have a Plan 1 Student Loan if:

- You lived in Scotland or Northern Ireland when you started your course, or
- You lived in England or Wales and started your course before September 2012

You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012.

**11** What type of Student Loan do you have?

Plan 1

Plan 2

**12** Did you finish your studies before the last 6 April?

Yes

No

For further guidance about repaying Student Loans go to [www.gov.uk/new-employee/student-loans](http://www.gov.uk/new-employee/student-loans)

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## Signature

## Name

**Date** DD MM YYYY

Please complete in **BLOCK CAPITALS**, using **black ink** and keeping within the boxes (\* Mandatory Fields)

## Section 1: Company Details\*

ID/Ref: \_\_\_\_\_

Company / Employer

Organisation / Branch

## Section 2: Reason for processing information\*

(To be filled in by the company making enquiry before driver fills in Sections 3 & 4)

To check driving entitlement for the purpose of: (At least one reason must be selected)

Employment of Drivers

Management of Fleet Drivers

Do you need CPC information Yes  No

Do you need tachograph information Yes  No

## Section 3: Driver Details\*

First Name

Middle Name(s)

Surname

Date of Birth

Driver Licence Number




Current Address





Postcode

Address on Licence (if different)





Postcode

## Section 4: Driver Declaration (To Be Completed By The Driver)\*

I am the person referred to in Section 3. I understand First Advantage Europe Ltd ('First Advantage')\* will ask DVLA for my driver record information which will then be provided to the company listed in Section 1, as and when they require, for the purpose set out in Section 2. I understand DVLA will disclose to First Advantage all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA and this will be disclosed by First Advantage to the company in Section 1. This includes personal details; driving entitlements; valid endorsements; and/or disqualifications (if relevant); photo images and Certificate of Professional Competence (CPC) and Digital Tachograph Card details (where appropriate). This declaration will expire when I stop driving in connection with the company or in any case, three years from the date of my signature.

Signature

Date of Signature

## Guidance Notes

### Driving licence information Fair Processing Declaration Form

#### Guidance Notes for the DRIVER

1. DVLA handles your personal data in accordance with road traffic law and data protection laws. The law allows DVLA to release your data to the police and other enforcement bodies. DVLA also provides data to other parties where the law allows it. For further information about how DVLA processes your data, your rights and who to contact, see DVLA's privacy notice at [www.gov.uk/dvla/privacy-policy](http://www.gov.uk/dvla/privacy-policy) or request a written copy by phoning 0300 790 6106.
2. We, FADV, are requesting information from your driving licence record at DVLA on behalf of the company listed in Section 1.
3. You should only fill in this form if you have read and understood how your driving licence information will be processed by First Advantage Europe Ltd ('FADV') and the company in Section 1. FADV or the company in section 1 must first fill in Sections 1 and 2. You must then fill in Section 3 and sign and date the declaration in Section 4. DVLA will not accept forms if they haven't been signed and dated by you. If you change any information on this form, you must initial and date these changes.
4. If your connection with the company in Section 1 stops, you have the right for your information not to be requested or processed by them. Please refer to the fair processing information and privacy policy for the company in Section 1.
5. If the details on your driving licence are not up to date, return it to DVLA and tell them about the changes they need to make. By law, you must tell DVLA immediately if you change your permanent address or name. You could be fined up to £1,000 if you do not tell DVLA about these changes.
6. If your licence has been lost, stolen or destroyed you will need to apply for a replacement. You can find out how to do this online at [www.gov.uk/apply-online-to-replace-a-driving-licence](http://www.gov.uk/apply-online-to-replace-a-driving-licence). Or, as long as you have not changed the details on your photocard licence, you can apply for a replacement licence using a debit card or credit card by phoning 0300 790 6801 between 8am and 7pm Monday to Friday, and between 8am and 2pm on Saturdays.

#### Guidance Notes for the COMPANY

1. You must fill in Sections 1 and 2 before the driver signs the declaration in Section 4.
2. If you require Certificate of Professional Competence (CPC) or Digital Tachograph Card information or both, please ensure that the 'Yes' boxes in Section 2 are ticked.
3. You must select a reason for requesting this information in Section 2 by checking the appropriate box.  
  
You must only use this information for this reason. If you do not provide a reason or enough information, this form will not be deemed as valid and will be rejected.
4. FADV has a duty under data protection law to protect personal information. To ensure adequate protection, we require that the driver (the data subject) is informed and understands how their driving licence information will be processed.
5. It is an offence to unlawfully obtain personal data, which is contrary to data protection law. The penalties for these offences are fines issued in the magistrate's court or Crown court.
6. If we receive a legitimate complaint about information obtained unlawfully, we may pass it on to the Information Commissioner. If we have evidence that the information has been obtained or used inappropriately, we can refuse all future requests.



# Beneficiary Nomination (Expression of Wish form)

The lump sum benefit under the Plan is paid to your beneficiaries as decided by the Trustees, using their powers set out in the Trust.

However, you can say who you would like the benefit to go to. This is not binding on the Trustees. If you would like to nominate beneficiaries you should complete this form and **return it to your employer** to keep on your personnel file. Your latest form will be passed to the Trustees if you should die.

You can complete a fresh nomination at any time.

**Plan:**

**To: The Trustees of the Plan**

I would like any lump sum benefits to be paid as follows:

Full Name and Address	Relationship (if any)	Share of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I know that when disposing of the benefits, the Trustees will not be bound by this Beneficiary Nomination, but I ask that they consider it.

This nomination replaces any others I have made.

Signature

Date

Name

**Return completed form to your employer to keep on your personal file.**



## **48-hour opt-out agreement / Night Workforce Agreement**

This workforce agreement outlines the terms and conditions of employment for the employees of Hawthorns Logistics Limited

*This Workforce Agreement is between Hawthorns Logistics Limited "The Company" and the worker as specified below "The Employees" in accordance with the provisions of the Road Transport (Working Time) Regulations 2005 [SI 2005/639 - "the Regulations"], which came into force on 4 April 2005 and will apply to those mobile workers subject to the provisions of the Regulations. The Agreement will apply to all HGV Drivers within the Company. It is agreed that the Company and the Employees will adopt the flexibility permitted by the Regulations as set out below. This Agreement will remain in force for a period of 5 years after the 1<sup>st</sup> July 2024 when it will cease to have effect. Night Work: a night worker's normal hours of work may exceed the limit of 10 hours in each 24-hour period.*

I \_\_\_\_\_ agree that I may work for more than an average of 48 hours a week.



## Terms and Conditions:

### 1. Working Hours:

- Working hours: all hours worked including, driving, POA & other work to be recorded using a tachograph / driver card under the EU Tachograph Regulation (EU) No 165/2014
- Breaks and rest periods: unpaid

### 2. Benefits:

- Health insurance: Paid after 3 years of service
- Retirement plans: Pension Auto opt in after Probation period
- Paid time off: Paid at Managers Discretion

### 3. Job Responsibilities:

1. To be responsible for the pickup and delivery of temperature-controlled goods as per management instruction.
2. To ensure the vehicles are loaded in a correct manner (either by physically loading the vehicle or by checking the loads already on the vehicle).
3. To always drive the vehicle in a responsible and safe manner meeting the requirements of the law, as set out in the relevant Road Traffic Acts, the Road Traffic Regulation Act, the Road Transport Act and/or any EEC requirements.
4. To ensure that vehicles are driven in such a manner that no injury to persons, damage to property, loss or damage to the load occurs.
5. To act as a company representative, displaying a professional image of the company.
6. To make basic checks on vehicles at the beginning of every journey, to take note of all defects/damage and to report these at the earliest opportunity to management.
7. To display a sense of responsibility particularly in respect of perishable loads, in ensuring the correctness of fridge temperature, and in the event of accident or breakdown.
8. To comply with the requirements for all paperwork.
9. To observe the Company's rules and policies that are available on the website that I have read.

Signed:

Dated:

# Hawthorns Logistics Limited

## Driving Assessment Form

Driver's Name	Vehicle	Vehicle Own/Company	Date
Licence No.	Reg No.		

Course Type	Trainer
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Disclaimer: The driver accepts responsibility for the vehicle during the training/assessment session.

Driver's Signature \_\_\_\_\_ Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>1 Human Factors</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Eyesight (number plate test)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Temperament</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Consideration for Others</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Concentration</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>2 Use of Controls</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Correctness</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vehicle Sympathy</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Passenger Consideration</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>3 Taking Information / Signs</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Forward Observations / Planning</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Use of Mirrors</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>4 Giving Information / Signals</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Correctness</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Timing</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Where Necessary</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>5 Speed</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Observation of Limits</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Use of</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Eyesight (number plate test)						Temperament						Consideration for Others						Concentration						Correctness						Vehicle Sympathy						Passenger Consideration						Forward Observations / Planning						Use of Mirrors						Correctness						Timing						Where Necessary						Observation of Limits						Use of						<p><b>6 Management of Space</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Traffic Queues</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Urban</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Open Road / Motorways</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Side Clearance</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>7 Junctions / Other Hazards</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Speed on Approach</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Observations</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>8 System of Driving</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Use of MSM Routine</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Position, Speed, Gear</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>9 Positioning</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>For Bends</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>10 Manoeuvres (if applicable)</b> <span style="float: right;">5 4 3 2 1</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Reversing</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Slow Speed</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Traffic Queues						Urban						Open Road / Motorways						Side Clearance						Speed on Approach						Observations						Use of MSM Routine						Position, Speed, Gear						General						For Bends						Reversing						Slow Speed					
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5 = High Standard      4 = Good Standard      3 = Competent Standard      2 = Improvement required      1 = Poor Standard

**Comments**

1	6
2	7
3	8
4	9
5	10

Overall Assessment and Development Needs:

Risk Band  
 Low  Medium  High



<b>Name of employee:</b>	<b>Job title:</b>
<b>Start date:</b>	<b>Date induction completed:</b> (with signature of new starter)

<b>First day</b>	<b>Carried out by</b>	<b>Date</b>	<b>Notes</b>
Welcomed by			
Show new employee where they will be working			
Introduce them to their manager, colleagues, including their 'buddy' and senior managers			
Give the new employee a site walk round including facilities			
Deal with any key matters such as their P45, National Insurance number and Licences			
Outline health & safety (go through folder with them) make them aware of online copy			
<b><i>Introduction to the company</i></b>			
Brief company history, who's who, how it works and what it produces			

<p><b><i>New employee's job</i></b></p>			
<p>Explain it fully, how it fits in the organisation and work practices</p>			
<p>Outline expected performance and how it will be assessed (Tachomaster)</p>			
<p>Training CPC, PPE, Fridge Use, Driver walk round checks, Fuelling up in the yard, Virus Control</p>			
<p><b><i>New employee's terms and conditions of employment</i></b> Run through basic Pay, holiday and ensure Employee has received their contract of employment. This includes details of any probationary period and hours, breaks, holidays and when they will get paid</p>			
<p>Pension information:- Royal London after probationary period 5% Auto enrolment</p>			
<p>The organisation's important rules on:</p> <ul style="list-style-type: none"> <li>• job performance</li> <li>• discipline</li> </ul>			

<ul style="list-style-type: none"> <li>• absence, including because of illness and sick pay</li> <li>• complaints against staff, such as bullying and harassment</li> </ul>			
Other important rules such as use of the company internet, email and phones			
Periods of notice			
Maternity/paternity/parental leave/shared parental provisions			As Per Government Guidance
Details such as dress code, parking, smoking in vehicles, on site or Customers premises			
Complete documentation on new employee's appointment for their personal file to be kept securely			
<p><b>Health &amp; safety</b></p> <p>Notice board Web site Information Company Handbook</p>			
The organisation's commitment to being an equal opportunities employer			
Details employee representation, including any trade union membership			

<p>Towards the end of four weeks, an informal meeting with the line manager to assess how the new starter is adjusting to their role, and whether they have any particular coaching or training needs, or other concerns</p>			
<p><b>At three months</b></p>	<p><b>Carried out by</b></p>	<p><b>Date</b></p>	<p><b>Notes</b></p>
<p>Review how the new starter is settling in and performing, if not at standard this is also an opportunity to pinpoint any development needs, set timescales for achieving them and adjust work targets if required.</p> <p>Or it's decision time – will they stay or go??</p>			
<p><b>At six months</b></p>	<p><b>Carried out by</b></p>	<p><b>Date</b></p>	<p><b>Notes</b></p>
<p>If the new employee is has been given an extended probation, then it's decision time – will they stay or go?</p> <p>If they're staying, it's time for the line manager to look to the next six months, any new work objectives, and any experience, coaching or training needs</p>			