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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DRIVER INDUCTION FORM** | | | | | | | | | |
| Volunteer name (block letters): | | | | | | | | | |
| Role : | | | | | | | | | |
| Assessor name (block letters): | | | | | | | | | |
| Any person who has a volunteer role with CVT NAME must complete the induction below. The assessor can be a person in the group who has experience of the vehicles and their legal requirements. The volunteer and assessor must go through the areas below and mark the box on the right-hand side “Y - Yes” “N - No” or “N/ A” as appropriate to their role. Refresher training must be completed every ……years. | | | | | | | | | |
| **Subject** | | | | | | | Induction | Refresher | Refresher |
| 1 | Driver meets legal requirements): Y/ N | | | | | |  |  |  |
| Appropriate driving license (record no): Y/ N | | | | | |  |  |  |
| New drivers of minibuses Y/ N | | | | | |  |  |  |
| Existing drivers who do not wish to complete the advance Driver training sign below to say: “I can perform my driving duties in line with NZTA Standards? | | | | | | | | |
| Signature: | | | | Date: | | | | |
| 2 | Assessment drive completed satisfactorily: Y/ N | | | | | |  |  |  |
| 3 | Volunteer disclosure check: Y/ N | | | | | |  |  |  |
| 4 | Vehicles and premises (where a garage) security discussed: Y/ N | | | | | |  |  |  |
| 5 | Theory: following documents read and discussed as appropriate to the role: | | | | | | | | |
| CVT: 021 - Vehicle emergency procedure card: Y/ N | | | | | |  |  |  |
| CVT: 013 – Log book system: Y/ N | | | | | |  |  |  |
| CVT: 014 – Monthly safety check list: Y/ N | | | | | |  |  |  |
| CVT: 015 - Defect reporting: Y/ N | | | | | |  |  |  |
| 6 | Equipment: volunteer competent to use equipment as appropriate: | | | | | | | | |
| Basic use of fire extinguishers – Y/ N | | | | | |  |  |  |
| First aid kit minor injuries – process for major emergencies – Y/ N | | | | | |  |  |  |
| Use of passenger lift – Y/ N | | | | | |  |  |  |
| Use of ramp and pulley system – Y/ N | | | | | |  |  |  |
| Transferring passengers between wheelchair and fixed seat – Y/ N | | | | | |  |  |  |
| Securing wheelchairs in vehicle – Y/ N | | | | | |  |  |  |
| Fitting seatbelts/ lap belts to wheelchair passengers – Y/ N | | | | | |  |  |  |
| Lifting and moving vehicle seats – Y/ N | | | | | |  |  |  |
| Refuelling the vehicle – Y/ N | | | | | |  |  |  |
|  | **Initial induction** | | | | | | | | |
| 7 | Driving experience: Y/ N (note years and any driver training): | | | | | | | | |
| Accidents in last 3 years: Y/ N (note details): | | | | | | | | |
| Health factors: Y/ N (note if affect license): | | | | | | | | |
| Moving and handling experience: Y/ N | | | | | | | | |
| Date induction complete: | | | | |  | | | |
| Name of inductee: |  | Signature: |  | | | | | |
| Name of assessor: |  | Signature: |  | | | | | |
|  | **Refresher training** | | | | | | | | |
| 8 | The volunteer and assessor must go through the areas on page 1 and mark the box on the right hand side “Y - Yes” or “N - No” as appropriate to their role. | | | | | | | | |
| Driving experience: Y/ N (note years and any driver training): | | | | | | | | |
| Accidents in last 3 years: Y/ N (note details): | | | | | | | | |
| Health factors: Y/ N (note if affect license): | | | | | | | | |
| Moving and handling experience: Y/ N | | | | | | | | |
| Date refresher induction complete: | | | | |  | | | |
| Name of inductee: |  | Signature: |  | | | | | |
| Name of assessor: |  | Signature: |  | | | | | |
|  | **Refresher training** | | | | | | | | |
| 9 | The volunteer and assessor must go through the areas on page 1 and mark the box on the right-hand side “Y - Yes” or “N - No” as appropriate to their role. | | | | | | | | |
| Driving experience: Y/ N (note years and any driver training): | | | | | | | | |
| Accidents in last 3 years: Y/ N (note details): | | | | | | | | |
| Health factors: Y/ N (note if affect license): | | | | | | | | |
| Moving and handling experience: Y/ N | | | | | | | | |
| Date refresher induction complete: | | | | |  | | | |
| Name of inductee: |  | Signature: |  | | | | | |
| Name of assessor: |  | Signature: |  | | | | | |
| The VT NAME process this information on the lawful basis of our legal obligation set out by the Health and Safety at Work Directive. The VT NAME will share with other regulatory bodies or insurers if appropriate for reporting or claims processing. Advice on wording required | | | | | | | | | |