**Learner Driver Application Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Section A: Young Person’s Section**

Young Person’s Full Name:

Address:

Suburb: Postcode:

Who do you live with:

Telephone: Home: Mobile:

E-mail:

DOB: Gender:

Country of birth: Arrival date in Australia (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you of Aboriginal or Torres Strait Islander descent?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Do you speak a language other than English at home? ☐ No ☐ Yes If yes, what language? \_\_\_\_\_\_\_\_\_\_\_

Do you attend school: ☐ Yes ☐ No

What school do you attend?

**Driver Licence Information**

Current Learner Permit Number: Expiry Date:

|  |
| --- |
| **Emergency Contacts** |

In the event of an emergency, I hereby authorise you to contact:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name |  | | |
| Relationship to you |  | | |
| Home address |  | | |
| Email |  | | |
| Mobile |  | Telephone | ( ) |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Name |  | | |
| Relationship to you |  | | |
| Home address |  | | |
| Email |  | | |
| Mobile |  | Telephone | ( ) |

**Medical Information (voluntary information in case of an emergency)**

|  |  |
| --- | --- |
| Doctor |  |
| Telephone |  |
| Allergies |  |
| Other medical |  |

|  |  |  |
| --- | --- | --- |
| **Current Circumstances** | | |
| Do you currently have access to a supervising driver and/or vehicle? | * Yes | * No |
| Do you currently have a Healthcare card and/or receive Centrelink benefits? | * Yes | * No |
| If yes, please give brief details…. | | |
| Are you, your parent or guardian currently impacted by family violence, mental or physical health issues? | * Yes | * No |
| Are you a twin or triplet? | * Yes | * No |
| Are you a single parent? | * Yes | * No |
| Have you recently experienced periods of homelessness? | * Yes | * No |
| Have you recently experienced out-of-home care? | * Yes | * No |
| Have you had any driving experience? | * Yes ☐ No   If yes, how many hours? \_\_\_\_\_\_\_\_\_\_\_ | |

**Other Relevant Information**

How did you find out about the Moreland TAC L2P Program? \_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to participate in this program?

Are you currently employed and/or studying? Please explain.

What are your interests?

Do you have a physical or mental health diagnosis that may impact your ability to drive safely? Please give details including current treatment.

**Please indicate with a when you ARE available for driving sessions.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Morning**  (8am-midday) |  |  |  |  |  |  |  |
| **Afternoon**  (midday-6pm) |  |  |  |  |  |  |  |
| **Evening**  (6-9pm) |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I give permission for this information to be shared with Dept of Transport for reporting purposes. | Yes | No |

**I understand and agree to the terms and conditions of the Selection Policy and that all information disclosed on this form will be respected in accordance with the Privacy Act.**

**Signature**: **Date**:

The personal information in this form is for the purpose of registering you as a volunteer with the TAC L2P program in Moreland. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.

**Photo Consent**

I, , (Learner Driver if over 18) hereby give consent for photographs taken of me participating in the TAC L2P Learner Driver Mentor Program in Moreland to be used for the purposes of program promotion (e.g. on program brochures, reports, PowerPoint presentations etc). I acknowledge the Moreland TAC L2P Learner Driver Mentor Program/INLLEN’s right to crop or treat the photograph at its discretion. I also acknowledge that the Moreland TAC L2P Learner Driver Mentor Program/ INLLEN may choose not to use my photo at this time, but may do so at its own discretion at a later date.

**Signature:**  **Date:**

**Section B: Referral Agent Section** (if the young person is being referred by a school, agency etc.)

Referral Agent Person’s Full Name:

Position:

Organisation:

Address:

Suburb: Postcode:

Telephone: Home: Mobile:

E-mail:

1. Why have you referred this young person the Moreland TAC L2P Program?

2. Are there any physical or mental health conditions or behaviours that the Moreland L2P Program Coordinator needs to be aware of? Please give details including current treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is there any other information that needs to be taken in consideration?

4. Would you be willing to support the young person through the selection process? (e.g. ensure this form is completed and posted to the L2P Coordinator, organise with the young person a day and time for them to meet with the L2P Coordinator and provide any feedback as necessary in relation to the young person’s involvement in the program)?

Yes No

5. Any other comments?

Referral Agent Signature: \_\_\_\_\_ Date:

**Section C: Parent/Guardian Section** (if the young person is under 18 years of age)

Full Name:

Relationship to Young Person:

Address:

Suburb: Postcode:

Telephone: Home: Mobile:

E-mail:

1. Do you know much about the TAC L2P Program? Yes No

If not, why not?

2. Do you have any concerns about your child participating in the TAC L2P Program?

In order for your child (only if aged 16 – 18 years) to participate in the Moreland TAC L2P Program, your approval by signature is required. By signing below, you are agreeing for your child to participate in the TAC L2P Program in Moreland and are satisfied with the details that have been provided to you.

* The TAC L2P Program will take place for 1-2 hours per week.
* The learner driver and volunteer mentor will negotiate a pick up place and time suitable to both and I will agree to stay informed of these plans or of any changes that may need to transpire.
* The L2P mentoring will take place in a vehicle, provided by the TAC L2P Program for this purpose only.

If you require any further information, please contact Fiona Thiessen, L2P Program Coordinator, fthiessen@inllen.org.au

I, (parent/guardian name), give permission for my child,

(young person’s name) to participate in the Moreland TAC L2P Program.

**Photo Consent**

I, \_\_, hereby give consent for photographs taken of the young person named above, participating in the Moreland TAC L2P Program, to be used for the purposes of program promotion (e.g. on program brochures, reports, PowerPoint presentations etc). I acknowledge the Moreland TAC L2P Program/INLLEN’s right to crop or treat the photograph at its discretion. I also acknowledge that the Moreland TAC L2P Program/ INLLEN may choose not to use the photo at this time, but may do so at its own discretion at a later date.

**Parent/Guardian Signature**: **Date**: