

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a Healthcare card and/or receive Centrelink benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give brief details....	
Are you, your parent or guardian currently impacted by family violence, mental or physical health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a twin or triplet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently experienced periods of homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently experienced out-of-home care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any driving experience?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:** _____