

Learner Driver Application Form

Personal Details			
First Name		Preferred	
Surname			
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Gender diverse		
Home Address	Suburb:		Postcode:
Email			
Home Phone		Mobile	
Date of Birth			
Country of Birth		Arrival Date in Australia <i>(if applicable)</i>	
Are you of Aboriginal or Torres Strait Islander descent?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Do you speak another language other than English at home?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language?			
Additional Information			
Learner Permit Number		Expiry Date	
Mentor Preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference		
Hours in logbook			
Emergency Contact			
Name			
Relationship to you		Contact #	

Referral Details

Name of Referral Agency (if applicable)

Referral contact and phone number

If you self-referred how did you hear about the L2P program?

Professional Lessons

Have you had any lessons with a professional driving instructor? If so, how many?

Professional lessons are available to L2P participants. Do you consent for information about your driving to be shared between the Instructor and the L2P Coordinator?

Yes No

Current Circumstances

Do you have any access to a supervising driver and/or vehicle?

Yes No Limited

Can you provide a brief explanation of why you might be eligible for the L2P program?

Do you currently have a Healthcare card and/or receive Centrelink benefits?

Yes No

Have you, your parent or guardian ever been 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently experienced out-of-home care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a physical or mental health diagnosis that may impact your ability to drive safely? Please describe the condition.	
Are you taking any medication which might impact on your driving?	
Are there any learner permit conditions? (eg corrective glasses)	

Availability		
Day (tick if all day)	Available Time(s)	
Monday	<input type="checkbox"/>	Morning Afternoon Evening
Tuesday	<input type="checkbox"/>	Morning Afternoon Evening
Wednesday	<input type="checkbox"/>	Morning Afternoon Evening
Thursday	<input type="checkbox"/>	Morning Afternoon Evening
Friday	<input type="checkbox"/>	Morning Afternoon Evening
Saturday	<input type="checkbox"/>	Morning Afternoon Evening
Sunday	<input type="checkbox"/>	Morning Afternoon Evening

Signature _____ Date _____

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