

LEARNER DRIVER APPLICATION FORM

PERSONAL DETAILS (REQUIRED)

FIRST NAME:	SURNAME:	DATE OF BIRTH: ___/___/___
PREFERRED NAME:		YOUR AGE:
HOME ADDRESS:		
POSTAL ADDRESS (if different from above):		
EMAIL ADDRESS:		
PHONE HOME:	MOBILE:	WORK:
DO YOU HAVE REFUGEE STATUS OR HAVE YOU IMMIGRATED TO AUSTRALIA? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Arrival Date in Australia: Country of Birth:		
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		
HOW DID YOU HEAR ABOUT THE L2P PROGRAM?		

EMERGENCY CONTACT (REQUIRED)

NAME:	RELATIONSHIP TO YOU:
PHONE HOME:	MOBILE: WORK:

REFERRAL CONTACT (IF APPLICABLE)

NAME:		
ORGANISATION:		
PHONE WORK:	WORK DIRECT:	MOBILE:

DRIVING INFORMATION (REQUIRED)

PLEASE ATTACH A COPY OF YOUR CURRENT LEARNERS PERMIT

CURRENT LEARNERS PERMIT NUMBER:	EXPIRY DATE: ___/___/___
HAVE YOU HAD ANY DRIVING EXPERIENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
HOW MANY DRIVING HOURS DO YOU HAVE IN YOUR LOGBOOK/APP?	
WHO DID YOU DRIVE WITH?	
WAS YOUR DRIVING EXPERIENCE IN	<input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL
DO YOU PREFER	<input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL <input type="checkbox"/> NO PREFERENCE
MENTOR PREFERENCE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NO PREFERENCE

ELIGIBILITY (PLEASE TICK ALL THAT APPLY)

CURRENT CIRCUMSTANCES:

I AM AGED BETWEEN 16 AND 21 (REQUIRED)

IF YOU ARE AGED 21 – 23, DO YOU COMMIT TO AT LEAST 40 HOURS DRIVING PRACTICE WITH THE PROGRAM YES NO

I HAVE NO ACCESS TO A SUPERVISING DRIVER AND/OR VEHICLE

I CURRENTLY HOLD A HEALTHCARE CARD AND/OR RECEIVE CENTRELINK BENEFITS. PLEASE GIVE DETAILS.....

I HOLD A CURRENT LEARNERS PERMIT (REQUIRED)

I AM/MY PARENT OR GUARDIAN/SIBLINGS ARE CURRENTLY IMPACTED BY FAMILY VIOLENCE, MENTAL OR PHYSICAL HEALTH ISSUES

I AM A TWIN OR TRIPLET

PLEASE COMPLETE OVER PAGE

- I AM A SINGLE PARENT
- I LIVE IN A SINGLE PARENT HOUSEHOLD
- I HAVE RECENTLY EXPERIENCED PERIODS OF HOMELESSNESS
- I HAVE RECENTLY EXPERIENCED OUT-OF-HOME CARE

DO YOU HAVE ANY MEDICAL CONDITIONS OR OTHER ISSUES THAT MAY IMPACT YOUR INVOLVEMENT IN THE PROGRAM?

NO YES

IF YES, PLEASE PROVIDE DETAILS:

WHY DO YOU WANT TO BE APART OF THE TAC L2P PROGRAM?

WHAT ARE YOUR INTERESTS?

DO YOU HAVE COMMITMENTS OR ACTIVITIES THAT MAY IMPACT YOUR INVOLVEMENT IN THE PROGRAM?

PLEASE INDICATE YOUR AVAILABILITY FOR DRIVING

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

PERMISSIONS (REQUIRED)

All staff at Ballarat Foundation who handle your information is required by law to respect your privacy. Personal information about you will not be disclosed without discussing this with you and gaining your consent. If you wish to discuss this with us or amend or remove your details, please contact the Chief Executive Officer.

PARTICIPANTS UNDER 18 YEARS OF AGE REQUIRE SIGNED PERMISSION BY A PARENT/GUARDIAN FOR PHOTOGRAPHY USAGE.

I give permission for any basic information about me to be shared with funding bodies, stakeholders and sponsors in order to comply with Ballarat Foundation business contracts and agreements. YES NO

I acknowledge the images taken of me (whether by photo, film or other electronic or printed media) are the property of Ballarat Foundation. YES NO

I give permission for my information to be shared with TAC and VicRoads for reporting purposes. YES NO

I give permission for my photo to be taken as part of the TAC L2P program and be used as part of promotion for the TAC L2P program and Ballarat Foundation programs. YES NO

PRIVACY DISCLOSURE

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. It is the responsibility of the applicant to ensure all contact details are up-to-date and to inform the Ballarat Foundation of any changes to these details.

PARTICIPANT SIGNATURE: _____

DATE: ___/___/___

PARENT/GUARDIAN SIGNATURE (IF APPLICABLE): _____

DATE: ___/___/___