

## L2P MENTOR APPLICATION FORM

### PERSONAL DETAILS (REQUIRED)

FIRST NAME:	SURNAME:	DATE OF BIRTH:
		COUNTRY OF BIRTH:
HOME ADDRESS:		
POSTAL ADDRESS (if different from above):		
EMAIL ADDRESS:		
PHONE HOME:	MOBILE:	WORK:
HOW DID YOU HEAR ABOUT THE TAC L2P PROGRAM?		
DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH?		If yes, what language?

### EMERGENCY CONTACT (REQUIRED)

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

### DRIVING INFORMATION (REQUIRED)

CURRENT DRIVERS LICENCE NUMBER:	EXPIRY DATE:
CAR TRANSMISSION PREFERENCE: <input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL <input type="checkbox"/> BOTH	
LEARNER DRIVER PREFERENCE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NO PREFERENCE	
DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR ABILITY TO DRIVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF YES, PLEASE PROVIDE DETAILS:	

### EMPLOYMENT / VOLUNTEER INFORMATION (REQUIRED)

CURRENT WORKING WITH CHILDREN CHECK NUMBER (if applicable):	EXPIRY DATE:
WHAT IS OR HAS BEEN YOUR MAIN OCCUPATION:	
HAVE YOU EVER VOLUNTEERED BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF YES, PLEASE PROVIDE DETAILS:	

### REFERENCES

Please provide details of **at least two** professional/work/study/community based referees who you authorise for Ballarat Foundation to contact for a character reference. Referees must be known by the applicant for 12 months and **must not be family members**.

NAME	ORGANISATION	POSITION/RELATIONSHIP	PHONE

### PLEASE INDICATE YOUR AVAILABILITY FOR VOLUNTEERING

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**PLEASE COMPLETE OVER PAGE**

**CONDITIONS OF VOLUNTEERING (REQUIRED)**

*All staff at Ballarat Foundation who handle your information are 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.*

I agree to undertake all training relevant to the TAC L2P Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to commit one year to the program at a minimum	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am accepting of young people from challenging backgrounds and behaviors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to take on a coaching role rather than an instructing role	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to undertake a Working with Children Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to undertake a Police Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for the L2P Program Coordinator or Assistant to undertake a Driver Licence History Report on my behalf	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree that I have never been banned or dismissed from another TAC L2P Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my information to be shared with the Department of Transport and other Government agencies for reporting purposes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for any basic information about me to be shared with stakeholders and sponsors in order to comply with Ballarat Foundation business contracts and agreements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my photo to be taken as part of the TAC L2P Program and be used as part of promotion purposes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I acknowledge the images taken of me (whether by photo, film or other electronic or printed media) are the property of Ballarat Foundation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PRIVACY DISCLOSURE**

*The personal information in this form is for the purpose of registering you as a volunteer driver mentor with the TAC 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 Ballarat Foundation of any changes to these details.*

**SIGNATURE:****DATE:****NOTES / ADDITIONAL INFORMATION****APPLICATION CHECKLIST**

***Please return your completed application with the following documentation***

- I have attached a copy of my current drivers licence
- I have attached a copy of my current Working With Children card OR I have submitted my application for a Working With Children Check (visit <http://www.workingwithchildren.vic.gov.au>)
- I have completed a Police Check form
- I have supplied 100 points of identification (see Police Check form for requirements)

**OFFICE USE ONLY**

TO BE TRAINED:  YES, TRAINING DATE: \_\_\_\_\_  NO, REASON: \_\_\_\_\_

INTERVIEW DATE:

INTERVIEW OUTCOME:

AUTHORISED BY: