

Learner Driver Application Form

Personal Details			
First Name		Preferred	
Surname			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say		
Home Address	Suburb:		Postcode:
Email			
Home Phone		Mobile	
Date of Birth			
Country of Birth		Arrival Date in Australia (if applicable)	
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?			
Referral Name (if applicable)			
Referral Organisation and phone number			

Emergency Contact			
Name			
Relationship to you			
Home Address			
Phone Number		Email	

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
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

Availability		Available Time(s)
Monday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Tuesday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Wednesday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Thursday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Friday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Saturday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Sunday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm

Additional Information			
Learner Permit Number		Expiry Date	

Learner Permit Conditions E.g. glasses or corrective lenses			
Mentor Preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference		
Have you had any driving experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours? _____ In what vehicle type? <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		
Why do you want to be part of the TAC L2P Program?			
What are your interests?			
Do you have commitments or activities that may impact your participation?			
Do you have a physical or mental health diagnosis that may impact your ability to drive safely? Please give details including current treatment.			
Are there any other issues that may impact your involvement in the program?			
If you are aged 21 to 23, do you commit to at least 40 hours driving practice with the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

All TAC L2P Program learner drivers should understand and agree to behave in accordance with the following Code of Conduct. Any violation of this contract may result in immediate exit from the program.

Participation in this program is a privilege, not an entitlement, and our mentors are trained volunteers that give up their time and expect a high level of commitment from learners.

In choosing to participate in the TAC L2P Program I agree to:		Agreed?
1	Follow all rules, guidelines and Code of Conduct as outlined to me by the L2P Coordinator.	<input type="checkbox"/>
2	Treat all people with dignity and respect while participating in L2P.	<input type="checkbox"/>
3	Never consume alcohol, tobacco or controlled substances while taking part in a driving lesson, and never arrive for a driving session when either under the influence of alcohol or other drugs or consumed in the previous 24 hours.	<input type="checkbox"/>
4	Notify the L2P Coordinator if I have any changes in address, phone number, or employment status.	<input type="checkbox"/>
5	Notify the L2P Coordinator if I am experiencing any concerns with my mentor, or with my participation in the program.	<input type="checkbox"/>
6	Remain committed to the driving program, always being punctual and ready to participate in sessions.	<input type="checkbox"/>
7	Be available for contact and respond to messages/calls from my mentor and coordinator	<input type="checkbox"/>
8	Notify the mentor and L2P Coordinator at least 24 hours before my scheduled session if I am unable to attend. If a professional driving instructor lesson is cancelled with too short notice, the learner will forfeit the lesson.	<input type="checkbox"/>
9	Not use mobile phones or hand-held electronic devices during a driving session.	<input type="checkbox"/>
10	Keep all information discussed between my mentor and me in strict confidence.	<input type="checkbox"/>
11	Not lending/borrowing of monies between learners and mentors	<input type="checkbox"/>
12	Take responsibility for any traffic infringement fines when I have been in control of the vehicle	<input type="checkbox"/>

I _____ (full name) acknowledge that the above Code of Conduct has been explained to me by the L2P Coordinator and I agree to abide by the code stated above.

Signed: _____

Date: _ _ _ _ _