



Learner Driver Application Form

| Personal Details | | | |
|---|---------|--|-----------|
| First Name | | Preferred | |
| Surname | | | |
| Gender | | | |
| Home Address | Suburb: | | Postcode: |
| Email | | | |
| Home Phone | | Mobile | |
| Date of Birth | | | |
| Country of Birth | | Arrival Date in Australia (if applicable) | |
| Are you Aboriginal or Torres Strait Islander? | | | |
| <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 |
| 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 had any involvement with the Brotherhood of St Laurence (BSL)? | <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 |

Thanks for your interest in the Frankston TAC L2P program.
Please post, email or deliver in person the form to:
 Catherine Nelsson, L2P Project Officer
 Frankston Youth Central, 60A Playne Street Frankston, Vic, 3199.
 Contact: 1300 322 322 Email: L2P@frankston.vic.gov.au



Statement of Consent to the Use and Disclosure of Information

This TAC L2P program is funded by the Transport Accident Commission (TAC), coordinated by VicRoads and delivered by Frankston City Council in partnership with the Brotherhood of St Laurence. The information you provide is used to determine your eligibility and to manage delivery of the program. If you are referred to the program by another agency, they will be asked to provide a referral letter describing your circumstances.

Your information may be shared between the agencies listed above to enable you to participate in the learner driver mentor program. Information about you will also be provided to your volunteer driving mentors. Your personal information will only be used and disclosed as authorised by law.

For further information about how Council handles your personal information, or to request access to your information, see www.frankston.vic.gov.au or contact the TAC L2P Project Officer or Council's Privacy Officer on 1300 322 322.

Purpose

This consent form permits the disclosure of your (or your child's) information obtained by the TAC L2P Program. Please read the form carefully before signing. If you have any questions, please contact the L2P Coordinator.

Consent

I grant permission to the TAC L2P Program, or its representative (.....), to disclose my (or my child's) personal information about participation in the program. I agree that this information may be used from time to time to administer and evaluate the program, and I also agree to be contacted for the conduct of surveys and/or other inquiries relating to the TAC L2P Program.

Learner driver full name:

Parent/Guardian full name (if learner is under 18):

Phone:

Email:

Address:

Signature:

Date:



Statement of Consent to the Use of Photographs

Purpose

This consent form covers your (or your child’s) participation in a series of photos being taken by the TAC L2P Program and grants non-exclusive use. The photos may be used by the TAC L2P Program in publications, brochures and on internet sites for promotion. Please read the form carefully before signing. If you have any questions, please contact the L2P Coordinator.

Consent

I grant a non-exclusive licence to the TAC L2P Program, or its representative, to copy or reproduce such material (whether by photo, film or other electronic or printed media) as the program may determine without acknowledgement of me or my child, and without any remuneration or compensation now or in the future. I agree I have no further rights in the photographs including moral rights or copyright. TAC L2P agrees not to use any image in a manner that may be adverse, inappropriate or defamatory to me or my child. TAC L2P further agrees that it will not use the image for commercial gain.

- I agree to the taking of photos of myself/my child as outlined above
- I do not agree to the taking of photos of myself/my child as outlined above

Learner driver full name:

Parent/Guardian full name (if learner is under 18):

Phone:

Email:

Address:

Signature:

Date: