



Mentor Position Description (Volunteer)

The program sees volunteer driver mentors (acting in the role of supervising drivers) matched with young learner drivers to assist them in gaining on the road driving experience in an auto or manual vehicle that is provided through the program.

Role summary

- To assist learner drivers in gaining supervised, on the road, practical driving experience.
- To develop and maintain a purposeful, empowering, supportive and ongoing relationship with a young person throughout the duration of the program.

Responsibilities

- Act in the role of a supervising driver and help the young person gain the necessary 120 hours of driving experience prior to going for their probationary licence.
- Build a positive relationship with the learner driver, be a positive role model and provide non-judgemental support to the learner driver.
- Meet with the matched learner driver regularly for driving sessions.
- Provide regular feedback to the L2P Coordinator on the progress of the learner driver and the program.

Accountabilities

- The mentor will be required to adhere strictly to the program Mentor Code of Conduct and attend prescribed training.
- The mentor will be required to implement the prescribed approach to learning to drive as outlined in the training i.e. a staged approach to learning to drive.
- To liaise with the learner driver and book in driving sessions regularly using the outlined booking procedure and to inform the L2P Coordinator of all driving activity including booking cancellations.
- To ensure that the car is inspected prior to every driving session, left tidy at the end of each lesson and to fuel up the car if tank is less than half full.
- To inform the L2P Coordinator of any car maintenance issues.
- To assist with the completion of learner log book or MyLearners app entries.

Key Selection Criteria

- Age 21 years and over and hold a current full Victorian licence
- A minimum one-year commitment to the program
- Provide a minimum of 1 hour/driving session per week to the program
- Good communication skills including a willingness to listen and learn
- Ability to motivate and inspire young people
- Motivated, reliable and confidential
- Self-awareness, compassion and empathy
- Have (or willing to obtain) a current Working with Children Check, National Police Check and Driver History Report
- At least two references must be provided, one professional reference would be recommended.



Mentor Expression of Interest Form

| Personal Details | | | |
|--|--|-------------|-----------|
| First Name | | | |
| Surname | | | |
| Gender | | | |
| Home Address | Suburb: | | Postcode: |
| Email | | | |
| Home Phone | | Mobile | |
| Preferred contact number | | | |
| Date of Birth | | | |
| Occupation | | | |
| Do you have any existing medical conditions that may affect your participation in this program and/or your ability to drive? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (please list below) | | | |
| 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? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language? | | | |
| Licence Number | | Expiry Date | |
| Special Licence Requirements: (eg: glasses) | | | |
| Learner driver gender preference | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference | | |



| Emergency Contact | | |
|---------------------|--|--------|
| Name | | |
| Relationship to you | | |
| Home Address | | |
| Home Phone | | Mobile |

| References (known to applicant for min 12 months, and must not be family members) | | |
|---|--------------|--|
| 1 | Name | |
| | Organisation | |
| | Relationship | |
| | Phone | |
| 2 | Name | |
| | Organisation | |
| | Relationship | |
| | Phone | |

| Availability (please indicate your availability for volunteering) | | |
|---|--------------------------|---|
| Day | | 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 |



Why are you applying to be a mentor with the TAC L2P Program?

Do you consent to the following?

| | |
|---|--|
| 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 willing to commit to ___ hours per week/fortnight. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am accepting of young people from challenging backgrounds and behaviours | <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 (Volunteer) | <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 Coordinator 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 |

Signature: _____ Date: _____

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



Consent to the Disclosure of Information

Mentors:

By signing this document, you give consent to the collection, use and disclosure of personal information and health information (including registration and licensing information) provided by you, or collected about you, for the purposes of your involvement in the TAC L2P Program.

The information provided by you, or collected, for the purposes of the TAC L2P program includes (but is not limited to) the information required as per the toolkit, such as information in relation to your Australian driver licence, a driver history report, a Working with Children Check and a National Police check (**Relevant Information**).

The Relevant Information may be required by the Road Safety Act 1986 (Vic) and the Working with Children Act 2005 (Vic).

Relevant Information may be collected through existing records (for example, licensing and registration databases).

The Relevant information will be used and disclosed by Frankston City Council, for the purpose of assessing your eligibility to be involved in the TAC L2P Program, and for administration purposes relating to those services. If some or all of the Relevant Information is not provided you may not be eligible to be involved in the program.

The Relevant information will be stored securely and accessible only by authorized TAC L2P Program officers.

This 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. Your information may be shared between those agencies to enable you to participate in the learner driver mentor program. Some information about you will also be provided to learner drivers you are matched with. Your personal information will only be used and disclosed as authorised by law.

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

Signature: _____

Full Name: _____

Date: _____

WITNESSED BY:

Signature: _____ Full Name: _____ Date: _____



Statement of Consent to the Use of Photographs

Purpose

This consent form covers your 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, 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. TAC L2P further agrees that it will not use the image for commercial gain.

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

Full name:
Phone:
Email:
Signature: Date: