

Dear Learner,

Thank you for wanting to participate in the L2P Learner Driver Mentor Program. The L2P program is a community based program developed to assist young learner drivers who do not have access to a supervising driver or a vehicle (due to financial, personal, or family circumstances) obtain their Victorian Probationary Car Licence.

The program is run by Junction Support Services in partnership with Vic Roads, Wodonga City Council, Towong Shire Council.

In order to be accepted into the program as Learner Driver, you need to complete and return the following documents which are attached to this letter:

- Learner Authorisation and Acknowledgement Form
- Personal Information
- Parental/Guardian Authorisation and Acknowledgement Form
 - To be completed if you are under 18 years of age
- Interest Survey
- Learner Rights and Responsibilities
- Learner Code of Conduct
- Client Consent Form
- Client Services pack

Please do not hesitate to contact me if you have any questions.

Kind Regards,

L2P Program Coordinator
Junction Support Services
155 Melbourne Road
Wodonga, Victoria
PH: (02) 6043 7414
Mob: 0448 392 436

L2P Learner Driver Mentor Program

Learner Authorisation & Acknowledgement Form

LEARNER DRIVER DETAILS

Name:		Date:	
Street Address:			
Suburb:		State:	
Home Phone:		Work Phone:	
Mobile Phone:		Email Address:	
Date of Birth:		Gender:	
License No:		License Expiry Date:	

- I voluntarily consent to participate in the L2P Mentoring Program.

- I have been provided with and signed the Learner Code of Conduct and Rights and Responsibilities documents. These documents have been explained to me by the L2P & Mentoring Coordinator.

- I agree to abide by the L2P Program Code of Conduct at all times whilst participating in the Program.

- I give permission for my photograph to be used by Junction Support Services in publications, brochures and on internet sites to promote the L2P Program.

I _____ acknowledge and agree to the selected conditions above.

Signed: _____ Date: _____

EMERGENCY CONTACT

Name:		Date:	
Street Address:			
Suburb:		State:	
Home Phone:		Work Phone:	
Mobile Phone:		Email Address:	

1. Are there any medical conditions or disabilities that the Program Coordinator should be made aware of?

2. Is English your first language? Yes No

If 'No', complete and attach Language Proficiency Assessment: is an interpreter required?

Yes No

3. Are there any other barriers to communicating effectively? Identify strategies to overcome barriers.

4. Who are you currently living with?

5. Please circle which area you would like to learn to drive in:

Wodonga Shire Towong Shire

6. What is your preferred transmission to learn to drive:

Manual Automatic

7. How many supervised driving hours are recorded in your Learner Log Book to date?

Please tick YES or NO

Eligibility Criteria	YES	NO
Aged between 16-20		
Current Victorian Learner's Permit.		
Does the young person have access to a vehicle?		
Does the young person have the access to funds to pay for driving lessons?		
Does the young person have access to a supervising driver?		

Please comment on any additional circumstances that you would like taken into consideration when determining your eligibility for the program:

NAME OF REFERRING PERSON & ORGANISATION:

Name:	Organisation:
Position:	Fax:
Work phone:	Email:
Mobile:	
Street Address:	
	City:
	Postcode:

L2P Learner Driver Mentor Program

Parental Authorisation & Acknowledgement Form

To be completed by a parent or guardian if Learner is under 18 years of age

LEARNER DRIVER INFORMATION

Mentee Name:		Date:
Street Address:		
Suburb:		State:
Home Phone:	Work Phone:	
Date of Birth:	Gender:	

PARENT/GUARDIAN INFORMATION

Name:		Date:
Street Address:		
Suburb:		State:
Home Phone:	Work Phone:	

I give permission for my child to participate in the L2P Program. I authorise my child to drive a Junction Support Services Fleet Car along with their assigned Mentor, or L2P Coordinator; I also consent to my child driving with a professional driving instructor in a vehicle belonging to the driving school.

I give permission for my child's photograph to be used by Junction Support Services in publications, brochures and on internet sites to promote the L2P Mentoring Program.

I <name> _____ acknowledge and agree to the above conditions.

Signed: _____ Date: _____

INTEREST SURVEY

1. Do you have any preferences for a Mentor (gender, cultural, spiritual or language)?

2. What are your interests? (E.g. music, sports, reading etc)

3. What do you think your friends would say about your personality?

4. What are the most convenient days and times you are available to go driving with your Mentor?

RIGHTS AND RESPONSIBILITIES

When you are with your L2P Mentor it is important that you can feel free to talk about yourself.

You have the right to privacy and safety. Your L2P Mentor will not talk about you to people outside of the mentoring program.

Sometimes it will be necessary to share information about you within the mentoring project. The sort of information that may be shared with the L2P Program Coordinator is:

- If you are being hurt by someone.
- If you are in desperate need of help for something the L2P Mentor can't provide e.g. safe place to stay.

There are also circumstances where, in order to protect your safety, your L2P Mentor (through the L2P Program Coordinator) will need to share information about you outside the program. Examples of this are:

- If you are being sexually, emotionally or physically abused by someone.
- If you are being threatened with violence.

If you tell your mentor something that indicates that you are at serious risk of harm then they may have a responsibility to tell someone else.

No information will be passed on outside of the L2P program without discussing it with you first. Your views and needs will be taken into account, and you would be offered support during this time.

I _____ acknowledge that I have read the above information and understand its implications.

Signed: _____ Date: _____

LEARNER DRIVER CODE OF CONDUCT

All L2P Program Learner Drivers should understand and agree to abide by the following code of conduct. Any violation of this contract may result in their immediate exit from the program.

In choosing to participate in the L2P Program I agree to:

- 1) Follow all rules, guidelines and Code of Conduct as outlined by the Program Coordinator and in this contract, match agreement and program policies.
- 2) Keep all information discussed between myself and my Mentor in strict confidence.
- 3) Treat all people with dignity and respect.
- 4) Never consume alcohol, tobacco or controlled substances while taking part in a driving lesson.
- 5) Notify the Program Coordinator if I have any changes in address, phone number, or employment status.
- 6) Notify the Program Coordinator, or your mentor where appropriate, if you are unable to attend the pre-arranged drive with as much prior warning as reasonable possible.
- 7) Participate in a closure process when/if required.

Please note:

- If a learner driver fails to attend a pre-booked professional driving lesson without giving reasonable notice (reasonable notice being at least the night before), then they will be required to pay a \$20 booking fee to the driving instructor.
- If a learner driver fails to show up to 3 driving sessions (professional or with their supervising driver) without providing reasonable explanation they will be exited from the program.
- JSS undertakes to pay for *up to 7* professional driving lessons (at the discretion of the coordinator), which may include a lesson immediately before the test and also paying for the in car component of the test i.e. We **DO NOT** cover any VicRoads booking or test fees, these are the responsibility of the Learner to pay.

I _____ acknowledge and agree to abide by the code of ethics stated above.

Signed: _____ Date: _____

Client consent to share information

To record freely given informed client consent to share their information with a specific agency/ies for a specific purpose

Name:

Date of Birth: (dd/mm/yyyy)

Sex:

To ensure the consumer is able to make informed decision about consent to the disclosure of their information, the practitioner should: (✓ tick when completed)

1. Discuss with the consumer the proposed referral to other services/agencies _____
2. Explain that the consumer's information will only be released to these services if the consumer has agreed and advise that the referral for service can still proceed if the consumer does not want information disclosed _____
3. Provide the consumer with information about privacy, such as the brochure *Your Information – It's Private* _____
4. Provide the consumer with a copy of this form, once completed _____

Section 1: Proposed Information Uses and Disclosures

1.1 Referrals

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type E.g. - Housing support - Drug & Alcohol support	Name of Agency	Type of information (including limits as applicable) E.g. - All relevant information - Housing situation only
Support	Junction Support	All relevant information
DATA Collection	VicRoads, TAC, MMARS	All relevant information
File Review (Auditing purposes)	QIP, JSS	All relevant information
Driving Instruction	Driveability Wodonga, Start Me Up Drive School, North East Driver Training, RACV Drive School, Belvoir Drive School	All relevant information

Section 2: Record of Consumer Consent

2(a) Verbal consent

Worker Use Only

Verbal consent can be used when it is not practicable to obtain written consent.

I have discussed the proposed referrals with the consumer or authorised representative and I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to:

Referrals •

Signed

.....
(Worker)

Date/...../.....(dd/mm/yyyy)

Worker name:.....

Position:

2(b) Written Consumer Consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed

.....
Signed by Client or Authorised representative

Date

Name:.....

Witnessed:.....
(worker)

Worker

name:.....

Position:

.....