

Dear Sir/Madam

Thank you for wanting to participate as a Mentor 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 and Indigo Shire Council.

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

- L2P Mentor Application
- Referee Checks
- Mentor Code of Conduct
- Client consent form
- Process of becoming a Mentor (retain for your information)
- L2P Mentor Handbook (retain for your information)

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 7400

## L2P Learner Driver Mentor Program Mentor Application Form

### Personal Information

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

### Emergency Contact

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

### Application Questions

**1. Do you have a current drivers (non probationary) licence?**

Yes  No

**2. Are you able to commit to the program for a minimum of 1 hour per week over 12 months?**

Yes  No

**3. Are you prepared to attend the 10 hours compulsory Vic Roads training?**

Yes  No

**4. What are the most convenient days & times you are available to meet with your learner driver?**

Weekdays:	Lunchtime:	After School:
Evenings:	Other:	

**5. Do you have any restrictions on your licence?**

Yes  No

If so, please specify:

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**6. Do you have any health conditions or other issues that may affect your ability to participate? i.e. epilepsy, a heart condition, poor hearing or vision etc:**

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**7. Do you consent for your photograph to be used by Junction support Services in publications, brochures or internet sites to promote the L2P Program?**

Yes  No

**8. Do you have any preferences regarding matching with a Learner (gender, age, background)?**

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**9. Do you have a current Working With Children Check? If yes, please attach copy.**

Yes  No

**10. Are you willing to undergo a Working With Children Check, National CrimCheck and VicRoads/RTA Drivery History Check (at no personal cost)?**

Yes  No

**11. Have you in the last ten years resided, for a period of 12 months or more, in a foreign country?**

Yes  No

**PLEASE NOTE: If yes, you will be required to obtain an international Police Check for each country in which you resided, at your own expense.**

## Reference Checks

I, <name>....., consent to any reference checks that may be necessary to support this application.

Signature: .....

Please provide the names and telephone numbers of **two work or personal referees** whom we can approach for references.

### 1<sup>st</sup> Referee:

Name:	Phone Number:
Organisation:	
Relationship: <i>(e.g., supervisor, manager, lecturer)</i>	

### 2<sup>nd</sup> Referee:

Name:	Phone Number:
Organisation:	
Relationship: <i>(e.g., supervisor, manager, lecturer)</i>	

I confirm the above referees have consented to act as a referee on my behalf and have given me permission to release their contact details to Junction Support Services for the purpose of this application. I understand that failure to gain the consent of the persons listed above to act as referees and provide their contact details may result in Junction Support Services not considering me for participation in the L2P Program.

I further understand that only information which may assist me to gain volunteer work or assess my suitability for volunteer work will be sought from the referees, and that such information will be handled in accordance with Junction Support Services' Privacy Policy, including the provision of access to that information.

I understand that any false or misleading information given in this application may render my volunteer work, if I am appointed, liable to termination. I declare that to the best of my knowledge, the above information and that submitted in any accompanying documents is correct.

**Applicant's Signature:** ..... **Date:** .....

## Mentors Code of Conduct

All L2P program Mentors should understand and agree to abide by the following code of conduct. Any violation of this contract may result in your termination from the L2P Program.

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

1. Follow all rules, guidelines and directives as outlined by the Project Coordinator.
2. Keep all information discussed between myself and Mentee in strict confidence unless it contravenes the Child Protection Legislation, always discussing concerns with the Program Coordinator in the first instance.
3. Treat all people with dignity and respect.
4. Never consume alcohol or a controlled substances in the presence of a Mentee, whilst in the car with my Mentee or immediately prior to a drive.
5. Do not lend money, or give/receive gifts (other than a congratulations card or box of chocolates at the end of the mentoring period).
6. Be a positive role model to Mentees and be reliable, consistent, honest and be tolerant of individual differences, values and viewpoints.
7. Notify the Program Coordinator if you are unable to attend a pre-arranged drive with as much prior warning as reasonably possible.
8. Notify the Program Coordinator if I have any changes in address, phone number, or personal circumstances.
9. Participate in a closure process when/if required with Learners.
10. Agree to abide by the stipulations outlined in the L2P Mentor Handbook.

## 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:**

(✓ tick when completed)

To ensure the consumer is able to make informed decision about consent to the disclosure of their information, the practitioner should:

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(b) Written 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: .....

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

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Signed by  Client or  Authorised representative

Date

Name:.....

Witnessed:.....

(worker)

Worker name:.....

Position: .....

## Process of becoming a Mentor:

