

## 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 <i>(if applicable)</i>
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 <i>(if applicable)</i>	
Referral Organisation and phone number	
Emergency Contact	
Name	
Relationship to you	
Home Address	
Phone Number	Email

### Current Circumstances



**Junction**  
Support Services

Changing lives since 1989

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 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

- I voluntarily consent to participate in the TAC 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 TAC L2P Program Coordinator.
  
- I agree to abide by the TAC L2P Program Code of Conduct at all times whilst participating in the TAC L2P Program.
  
- I give permission for my photograph to be used by Junction Support Services in publications, brochures and on internet sites to promote the TAC L2P Program.

I \_\_\_\_\_ acknowledge and agree to the selected conditions above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 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:
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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 TAC L2P Program. I authorise my child to drive a Junction Support Services Fleet Car along with their assigned Mentor, or TAC 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 TAC L2P Mentoring Program.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

