

LEARNER APPLICATION FORM

Please ensure you meet the following eligibility criteria prior to submitting the application form:

- Hold a current NSW or be aged between 16 - 24 years of age
- You do not have access to a supervising driver and/or
- You do not have access to an appropriate vehicle

Please send all applications to roadready@junction.org.au or call 0456 977 266

Personal Details

Date of Application:

First Name: Surname:

Gender: Male Female Prounouns: He / Him She / Her They / Them

Date of Birth:

Address:

Email:

Contact Number: Country of Birth:

Are you Aboriginal or Torres Strait Islander descent?

No Yes, Aboriginal Yes, Torres Strait Islander

Is English your primary language spoken? No Yes

Do you speak language(s) other than English? No Yes - If yes, language spoken:

How did you find out about the Road Ready Program? Community Organisation
 School Social Media Local Council Word of Mouth Other

Do you currently have access to a supervising driver? No Yes

Do you currently have access to a suitable vehicle? No Yes

Do you currently have a Healthcare card? No Yes

Do you currently receive Centrelink benefits? No Yes

Have you recently arrived in Australia or are you a refugee? No Yes

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Please describe your current living circumstances:

- Living in family home Kinship Care Other
- Living Independently Foster Care
- Temporarily homeless Residential Care

Have you ever been involved with the justice system or in a diversion program? No Yes

Additional Information

Learner permit number:

Expiry date: State learner permit issued:

Mentor driver gender preference: Female Male No preference

How are you currently recording your drive hours?

- Paper Log Book
- Licence reader learner
- L2P Learner Log Book
- Round Trip Learner Log Book

Do you have any previous driving experience?

- No Yes

If Yes, how many hours have you a
already driven?

- Manual Automatic

Why do you want to be part of the Road Ready Program?

Do you have commitments or activities that may impact your participation?

Are you currently suffering from any serious (permanent or long-term) illness, disability, medical condition, or injury (or the effects of treatment for any of those things) that may affect your fitness to drive? No Yes Prefer not to say

If yes, please provide further details:

Do you have a NDIS Package? No Yes



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Support Details

Do you have a case worker or have you been referred by an organisation? No Yes

Contact Name:

Organisation:

Contact Number:

Email:

Emergency Contact

Name:

Relationship to you:

Address:

Contact Number:

Email:

Additional Information

Is there anything else that may impact your participation in the program?

Y N I agree that I meet the Road Ready Program eligibility criteria outlined within this application form and that the information I have provided is correct.

Y N I agree that my information can be used for the purpose of evaluation of the Road Ready Program and understand the reasons why my information may be used:

Name:

Signature:

Date:

Once complete email
roadready@junction.org.au or drop
off to 9/155 Melbourne Rd Wodonga.