

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 (if applicable) |
| 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 (if applicable) | |
| Referral Organisation and phone number | |

| Emergency Contact | |
|---------------------|-------|
| Name | |
| Relationship to you | |
| Home Address | |
| Phone Number | Email |

| Current Circumstances | | |
|---|------------------------------|-----------------------------|
| 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 | |