

Learner Driver Application Form

All information and data that is collected from this form is recorded for program purposes only. We ask that you complete this form with as much detail as possible. All information such as age, gender, and cultural identity are recorded for the purposes of VicRoads reporting mechanisms. If you feel uncomfortable about answering any of the following questions, please leave blank and feel free to discuss with the Program Coordinator.

Personal Details

First Name		Preferred	
Surname			
Gender	<p><i>We recognise and welcome the autonomy of all people to be referred to in a way that reflects their identity. Therefore, all applicants are welcome to indicate their preferred gender identity</i></p> <p>I, identify as:</p> <p>The pronouns I wish to be referred to by are:</p>		
Home Address	<p>Suburb: _____ Postcode: _____</p>		
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) (Circle)	
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			

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? _____
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?	

Please tell us why you are eligible for the TAC L2P Program?

- Only those who do NOT have access to a supervising driver/vehicle or are experiencing disadvantage are considered eligible to participate in the TAC L2P Program.
- This is your chance to explain to us why you think you are eligible.
- Provide us with as much detail of your personal circumstances so that we can better understand your situation and assess your eligibility.

If you have any questions, contact the Program Coordinator
(M) 0430 038 450
(E) simone@bnllen.org.au