

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?

Yes No

Do you currently have a Healthcare card and/or receive Centrelink benefits?

Yes No

If yes, please give brief details....

Are you, your parent or guardian currently impacted by family violence, mental or physical health issues?

Yes No

Are you a twin or triplet?

Yes No

Are you a single parent?

Yes No

Have you recently experienced periods of homelessness?

Yes No

Have you recently experienced out-of-home care?

Yes 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		