

Learner Driver Application Form

Personal Details

First Name		Preferred	
Surname			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans/Gender Diverse <input type="checkbox"/> Prefer not to say		
Home Address	Suburb:		Postcode:
Email			
Home Phone		Mobile	
Date of Birth			Age
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

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
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

If stated yes to any of these questions, please provide further details

Availability		Available Time(s)
Monday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Thursday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Friday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Saturday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Sunday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 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	

Clear Form