## Wynbay TAC L2P Learner Driver Application Form

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | |
| First Name |  | | | Preferred | |  | |
| Surname |  | | | | | | |
| Gender | ☐ Female ☐ Male ☐ 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? | | | | | | | |
| ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander | | | | | | | |
| Do you speak another language other than English at home? | | | | | | | |
| ☐ No ☐ Yes If yes, what language? | | | | | | | |
| Referral Name  *(if applicable)* | | |  | | | | |
| Referral Organisation and phone number  (*please attach referral letter*) | | |  | | | | |
|  | | | | | | | |
| **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 enabling you to complete 120 hours as a learner driver? | ☐ 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 | ☐ |  |
| Tuesday | ☐ |  |
| Wednesday | ☐ |  |
| Thursday | ☐ |  |
| Friday | ☐ |  |
| Saturday | ☐ |  |
| Sunday | ☐ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Information** | | | | |
| Learner Permit Number |  | Expiry Date | |  |
| Mentor Preference | ☐ Female ☐ Male ☐ No preference | | | |
| Have you had any driving experience? | ☐ Yes ☐ No  If yes, how many hours? \_\_\_\_\_\_  In what vehicle type? ☐ Manual ☐ 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? |  | | | |
| 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? | | | ☐ Yes ☐ No | |

Thank you for your interest in the L2P program. We will be in contact with you as soon as the program resumes accepting new referrals. We really appreciate your patience.

Please return this completed form to:

**Naheed Akhtar**

**L2P project Coordinator**

**Laverton Community Integrated Services Inc.**

12 Crown Street

Laverton VIC 3028

[2p@lcis.org.au](mailto:2p@lcis.org.au) 04087465687

*Personal and/or Health information collected by LCIS is used solely for the purposes of the program. LCIS may disclose this information to other organisations if required by legislation. The applicant understands that the Personal and/or Health information provided is for the above purpose, and he or she may apply to LCIS for access to and/or amendment of the information. Requests for access and/or correction should be made to the L2P Program Coordinator or the CEO of LCIS*