## Wynbay TAC Mentor

## Expression of Interest Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Gender | ☐ Female ☐ Male ☐ Prefer not to say | | | | | |
| Home Address | Suburb: Postcode: | | | | | |
| Email |  | | | | | |
| Home Phone |  | | Mobile | |  | |
| Preferred contact number |  | | | | | |
| Date of Birth |  | | | | | |
| Do you have any existing medical conditions that may affect your participation in this program and/or your ability to drive? | | | | | | |
| ☐ No ☐ Yes (please list below) | | | | | | |
| Are you of Aboriginal or Torres Strait Islander descent? | | | | | | |
| ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander | | | | | | |
| Do you speak another language other than English? | | | | | | |
| ☐ No ☐ Yes If yes, what language? | | | | | | |
| Licence Number | |  | | Expiry Date | |  |
| Learner driver gender preference | | ☐ Female ☐ Male ☐ No preference | | | | |

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| **Emergency Contact** | | | |
| Name |  | | |
| Relationship to you |  | | |
| Home Address |  | | |
| Home Phone |  | Mobile |  |

|  |  |  |
| --- | --- | --- |
| **References** *(known to applicant for min 12 months, and must not be family members)* | | |
| **1** | Name |  |
| Organisation |  |
| Relationship |  |
| Phone |  |
| **2** | Name |  |
| Organisation |  |
| Relationship |  |
| Phone |  |

|  |  |  |
| --- | --- | --- |
| **Availability** *(please indicate your availability for volunteering)* | | |
| Day | | Available Time(s) |
| Monday | ☐ |  |
| Tuesday | ☐ |  |
| Wednesday | ☐ |  |
| Thursday | ☐ |  |
| Friday | ☐ |  |
| Saturday | ☐ |  |
| Sunday | ☐ |  |
| Why are you applying to be a mentor with the TAC L2P Program? | | |
|  | | |

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| **Conditions of Volunteering** | |
| I agree to undertake all training relevant to the TAC L2P Program | ☐ Yes ☐ No |
| I am willing to commit one year to the program at a minimum | ☐ Yes ☐ No |
| I am accepting of young people from challenging backgrounds and behaviours | ☐ Yes ☐ No |
| I am willing to take on a coaching role rather than an instructing role | ☐ Yes ☐ No |
| I agree to undertake a Working with Children Check (Volunteer) | ☐ Yes ☐ No |
| I agree to undertake a Police Check | ☐ Yes ☐ No |
| I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf | ☐ Yes ☐ No |
| I agree that I have never been banned or dismissed from another TAC L2P Program | ☐ Yes ☐ No |
| I give permission for my information to be shared with the Department of Transport for reporting purposes | ☐ Yes ☐ No |
| I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes | ☐ Yes ☐ No |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The personal information in this form is for the purpose of registering you as a volunteer with the TAC L2P Program. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.

## Consent to the Disclosure of Information

By signing this document, you give consent to the collection, use and disclosure of personal information and health information (including registration and licensing information) provided by you, or collected about you, for the purposes of your involvement in the TAC L2P Program.

The information provided by you, or collected, for the purposes of the TAC L2P Program includes (but is not limited to) the information required as per the toolkit, such as information in relation to your Australian driver licence, a driver history report, a Working With Children Check and a National Police Check (**Relevant Information**).

The Relevant Information may be required by the *Road Safety Act 1986* (Vic) and the *Working With Children Act 2005* (Vic).

Relevant Information may be collected through existing records (for example, licensing and registration databases).

The Relevant Information will be used and disclosed by *Laverton Community Integrated Services*, for the purpose of assessing your eligibility to be involved in the TAC L2P Program, and for administrative purposes relating to those services. If some or all of the Relevant Information is not provided, you may not be eligible to be involved in the program.

The Relevant Information will be stored securely and accessible only by authorised TAC L2P Program officers.

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| --- | --- |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| WITNESSED BY |  |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for your interest in the L2P program. We will be in contact with you as soon as we proves your application form. 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*