

MENTOR APPLICATION FORM

The Learner Driver Mentor Program provides an opportunity for disadvantaged young people to gain the necessary hours of on-road driving experience. The LDMP will pair young learner drivers with successful volunteer mentor applicants to supervise them for an agreed time each week to gain their on-road driving hours. This is subject to an interview, orientation and mentor training.

If you need any assistance to complete this form, please contact the Learnerville LDMP Coordinator on phone or email

PERSONAL DETAILS

Name:

Address:

Suburb: Postcode: State:

Email address:

Ph (H): Ph(M): Ph (W):

Licence number: Expiry date:

Preferred contact method: Phone Email Text/SMS

Do you have a current unrestricted Australian driver licence? Yes No

Have you had any criminal convictions? Yes No

Have you made any vehicle insurance claims in the last 5 yrs Yes No

Have you had any experience in supervising a learner driver? Yes No

If yes how long ago?

Do you have any qualifications you feel are relevant to your potential involvement in the program e.g. teaching qualifications, first aid certificate? Please list them here:

Do you have any experience working with, supporting or mentoring young people?

Yes No

If **yes**, please outline any relevant experience here or provide details on a separate sheet and attach it to your application

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AVAILABILITY

What days and times are best for you to go for your practice sessions (select all that apply)?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Approximately how many hours in total could you provide (either weekly or monthly)? Per Week
 Per Month

REFEREES AND RESUME

Please provide the names and contact details of two personal referees.

1

Name:

Position:

Organisation:

Email address:

Phone number:

Relationship to you:

2

Name:

Position:

Organisation:

Email address:

Phone number:

Relationship to you:

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Why do you want to be part of this program?

PLEASE ATTACH YOUR RESUME TO APPLICATION IF YOU HAVE ONE.

AGREEMENT TO PROGRAM CONDITIONS

I agree to:

- Attend an induction program as explained by program coordinator.
- Attend relevant training sessions arranged by program coordinator.
- Apply to Roads and Maritime Services for a printout of my driver record (program will reimburse the fee).
- Allow the program to review a printout of my driver record.
- Allow the program coordinator to contact my referees to vouch for my experience and character.
- Complete a Working with Children Check (free for volunteers).

Name:

Signature:

Date: