

LEARNER APPLICATION FORM

PERSONAL DETAILS

Name:

Address:

Suburb: Postcode: State:

Email address:

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

Licence number: (if you have one) Expiry date:

Are you of Aboriginal and/or Torres Strait Islander origin? Yes No
Are you an Australian citizen or permanent resident? Yes No
Do you speak a language other than English at home? Yes No
If YES, what language?

YOUR CIRCUMSTANCES

I am living (please tick one): On my own With my parents With other relatives
 With a carer/guardian In supported accommodation

Do you have any dependents? Yes No
If YES, how many?
How old are they?

Do you have access to a vehicle? Yes No

Do you have access to a computer with internet access? Yes No

Are you (please tick as appropriate): Employed (full-time/part-time/casual) Studying
 Receiving Centrelink benefits Unemployed

Did you apply for this program through a referral from another agency (e.g. youth service, employment agency, supported accommodation, FACS, etc)?

Yes No

Contact person name

Organisation name

Contact details Ph:

Email: youthsafe

LEARNER APPLICATION FORM (p2)

DRIVING EXPERIENCE (IF YOU HAVE YOUR LEARNER LICENCE*)

Have you logged any 'on-road' supervised driving hours (please tick)?

<input type="checkbox"/> Yes	How many hours have you logged? <i>Please provide us with a photocopy of your Learner Driver Log Book so we can see the details.</i>	<input type="text"/>
<input type="checkbox"/> No		Who was your supervising driver for these hours (e.g. friend, relative)?

Have you had any paid lessons with a qualified driving instructor (please tick)?

Yes No

Have you participated in and completed the Safer Drivers Course?

Yes No

How many hours 'on-road' supervised driving are you hoping to gain with the support of this program?

PROGRAM PARTICIPATION/AVAILABILITY

Participation in this program includes attendance at orientation sessions at the beginning of the program as well as formal and informal meetings and get-togethers throughout the program. Please tell us if you know any days/times when you are definitely unavailable for these.

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

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

How did you find out about the program?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Facebook	Name of Agency or Organisation who referred you:
<input type="checkbox"/> Website	<input type="checkbox"/> Referral	

* If applicant doesn't have learner licence, arrange for interview or phone discussion to identify applicant's support needs.

LEARNER APPLICATION FORM (p3)

Applicant Statement:

Please tell us why you would like to be part of this program:

If there are any other issues or circumstances that you think are important to help us understand your situation and your needs, please include them here:

Full name: _____

Signature: _____

Date: ___ / ___ / 20___

* If applicant doesn't have learner licence, arrange for interview or phone discussion to identify applicant's support needs.