

Safer Drivers Course

COACH TRAINING

youthsafe

Please clearly print all responses

Date of Coach training session ___/___/___

Title

First Name

Surname

Full name as you want it to appear on certificate of participation

Phone

Email

Address

Provider Name

Pre-requisites for training:

Current NSW Driving Instructor Licence (not restricted)

Expiry date ___/___/___

Driving Instructor Licence number

Working with Children Check

Number:

Expiry date:

Minimum 12 months experience as
licensed driving instructor YES NO

Please email to Youthsafe: office@youthsafe.org