



## Learner Driver Application Form

Personal Details	
First name:	
Last Name:	
Preferred Name:	
Address:	
Phone Number:	
Mobile Number:	
Email address:	
Preferred method of contact:	<input type="checkbox"/> Ma <input type="checkbox"/> Email <input type="checkbox"/> Phone
Age:	
Date of Birth:	
Gender:	
Country of Birth:	
Preferred language:	
Are you of Aboriginal or Torres Strait Islander Descent?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait islander
Medical Information	
Do you have an existing medical disability/condition/injury that may affect your driving abilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	
Do you take any medication that may affect your participation in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, please provide details.	
<b>Emergency Contacts (please provide at least one)</b>	
<b>EMERGENCY CONTACT DETAILS 1 :</b>	
<b>Name:</b>	
<b>Relationship to you:</b>	
<b>Phone number:</b>	
<b>EMERGENCY CONTACT DETAILS 2 :</b>	
<b>Name:</b>	
<b>Relationship to you:</b>	
<b>Phone Number:</b>	
<b>Other Information</b>	
<b>Learner Licence stage</b>	<input type="checkbox"/> L1 <input type="checkbox"/> L2
<b>Current number of driving hours logged</b>	
<b>Have you had any professional driving lessons?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please provide name of driving school and dates</b>	
<b>Licence Number</b>	
<b>Licence Expiry date</b>	
<b>Vehicle Preference:</b>	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
<b>Are you currently:</b>	<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Other
<b>Mentor preference</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either



To be eligible for this program you **MUST** meet the following:

- ☐ Have no access to a suitable supervisory driver
- ☐ Aged between 16 and 30 years old

**And at least one or more of the following:**

- ☐ Live in the Burnie and/or surrounding area
- ☐ No access to a suitable and reliable vehicle
- ☐ No/limited access to public transport systems
- ☐ Young parent
- ☐ Other (please specify)

**What do you see as the benefits of you participating in this project?**

- ☐ The possibility of gaining employment
- ☐ Further participation in education
- ☐ Increase in self esteem/confidence and independence
- ☐ Other (please specify)

**What days and times are you available to participate in this program?**

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

**Did you need assistance in completing this form?**

- ☐ Yes
- ☐ No

**How did you hear about this program?**

Thank you for applying to participate in the A2P's program. The Project Officer will be in contact with you in the very near future to arrange an interview time. Please mail, email or drop in this form to:

Red Cross  
A2P's Project Officer  
16 Alexander Street,  
Burnie, Tas, 7320  
cmale@redcross.org.au