

Learner Driver Application

Name: _____ DOB: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Drivers Licence Number: _____ Expiry: _____

Name of Driving School: _____ Number of professional lessons: _____

Health Care/Pension Card Number: _____

Student Card Number: _____

Are you a Migrant or Refugee?: Yes / No

Is English Your First Language?: Yes / No

Do you speak any language other than English? If so please provide details: _____

Preferred Vehicle Transmission: Automatic / Manual

Is there anything that may impact on your ability to participate in the LDMP e.g. medical condition, medication?
If so please give details (you may need to attach evidence from your Medical Practitioner).

How did you hear about the Hobart PCYC LDMP?

Do you currently attend/participate in any of the following?

- School
- Employment
- Training
- Volunteering
- Community Events

Emergency Contacts

Contact 1- Name: _____

Relationship (e.g. parent, friend): _____

Contact Number: _____

Contact 2 - Name: _____

Relationship (e.g. parent, friend): _____

Contact Number: _____

Authority

I hereby acknowledge that I have read, understood and agree to be bound by the provisions of the LDMP Information Package and give permission for the Hobart PCYC to store my personal information on file and understand that my information will be managed in accordance with the Hobart PCYC Privacy Policy.

Applicant Signature: _____

Date: _____

Parent/Carer Signature: _____

Date: _____

Coordinator Signature: _____

Date: _____

Please note that additional screening, including financial screening may be required for some individuals and will be advised by the Program Coordinator.

Contact Information

For LDMP enquiries, please contact Hobart PCYC on (03) 6107 9206 or return completed forms to:

The Coordinator
Hobart PCYC Learner Driver Mentor Program
A: 300 Liverpool Street, Hobart, 7000
E: enquiries@hobartpcyc.org.au