

LDMP - Mentor Application

Ph:				
Email: Orivers Licence #:				
Email: Drivers Licence #:				
		Evniry da		
		Lxpii y uc	Expiry date://	
	!:		ate://	
When are you available to	supervise learner drivers? (Please tick)		
	MORNING	AFTERNOON	EVENING	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
	nink you can volunteer with	the Hobart PCYC LDMP ea		
i iloui	2 110u15	o nours	++ 110u15	
What experience do you ha	ave working with people?			
Do you speak any languag	e other than English? If so,	please provide details:		
Do you speak any languag	e otner than English? If so,	please provide details:		



Is there anything that may impact on your ability to work as a volunteer, i.e. medical condition, medication? If so, please provide details (you may need to attach evidence from your Medical Practitioner).			
Are you able to provide the following	lowing (please tick if yes):		
☐ Full Drivers Licence			
Have you had any licence susp	pensions/cancellations over the past 3 years? Yes / No		
Please list your Emergency Co	ntacts:		
Contact 1- Name:			
Relationship (e.g. parent, friend):			
Phone Number:			
Contact 2 - Name:			
Relationship (e.g. parent, friend):			
Phone Number:			
Authority			
	ed the LDMP Information Package and hereby give permission for the Hobart Poon file and understand that my information will be managed in accordance with		
Applicant Signature:	Date:		
Co-ordinator Signature:	Date:		
Contact Information			
For LDMP enquiries, please cont	act Hobart PCYC on (03) 6107 9206 or return completed forms to:		

Email: enquiries@hobartpcyc.org.au

The Co-ordinator

Hobart PCYC Learner Driver Mentor Program 300 Liverpool Street, Hobart TAS 7000

Address:



Participant Protection Declaration

<u>Information</u>

In addition to accepting your offer of employment/volunteer engagement, the Hobart PCYC requires a completed Participant Protection Declaration to satisfy our duty of care to all those associated with our operations. This applies to all those who undertake any work, coaching or regular unsupervised contact with people under the age 18 years.

Declaration:

I sincerely declare that:

- I have a current WWVP Registration.
- I do not have any criminal charges pending before the courts.
- I do not have any criminal convictions or findings of guilt for sexual offences, acts of violence, drugs or offences related to children.
- I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body that have alleged sexual misconduct or harassment, acts of violence, other forms of harassment, drugs or child abuse.
- To my knowledge there is no matter that Hobart PCYC may consider to constitute a risk to its members, employees, volunteers or reputation, by engaging me.
- I will notify Hobart PCYC immediately upon becoming aware that any of the matters set out in this declaration have changed.

I have read and understood this declaration and I accept the offer of employment/volunteer engagement with Hobart PCYC on the terms contained in it.

By signing this document, I acknowledge that I have been given sufficient opportunity to seek external advice and that I am entirely satisfied with the content of said document.

Name:	(Please print)
Signature:	/ Date://
Parent / Guardian Consent:	
I have read and understood the declaration provided by my child are true and co	ided by my child. I confirm and warrant that the contents of the rrect in every particular.
Name:	(Please print)
Signature:	/ Date://

Attachments:

To submit with this application:

- 1 x copy of current WWVP Registration Card
- 1 x copy of current Drivers Licence
- 1 x copy of National Police Record Check