

Learner Driver Application

Name: _____ DOB: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Drivers Licence Number: _____ Expiry: _____

Health Care/Pension Card Number: _____

Student Card Number: _____

Name of Driving School (if applicable): _____ Number of lessons: _____

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: _____

***Please note, vehicle transmission option is AUTOMATIC ONLY**

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 received the LDMP Information Package and give permission for the Hobart PCYC to keep my personal information on file and understand that my information will be managed in accordance with the Hobart PCYC Privacy.

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 Co-ordinator

Please return completed forms to:

Co-ordinator: Mr Peter Brown
Address: 300 Liverpool Street, Hobart, 7000
Email: enquiries@hobartpcyc.org.au
Phone: (03) 6107 9206

To submit with this application:

Attachments;
1 x copy of current Drivers Licence
1 x copy of current HCC/Concession Card
1 x copy of current Student Card *(if applicable)*