

## **Learner Driver Application**

Name:		DOB:	
Address:			
Phone:		Mobile:	
Email:			
Drivers Licence I	Number:	Expiry:	
Health Care/Pens	sion Card Number:		
Student Card Nu	mber:		
Name of Driving School (if applicable):  Are you a Migrant or Refugee? : YES / NO		Number of lessons:	
		Is English Your First Language? : YES / NO	
Do you speak an	y language other than English? If so	o please provide details:	
	*Please note, vehicle transm	ission option is AUTOMATIC ONLY	
	that may impact on your ability to petails (you may need to attach evidence fro	participate in the LDMP e.g. medical condition, medication? m your Medical Practitioner).	
How did you hea	r about the Hobart PCYC LDMP?		
Do you currently	attend/participate in any of the follo	owing?	
	School		
	Employment		
	Training		
	Volunteering		
	Community Events		

	School	hours, days, per week	(
	Employment	hours, days, per week	(
	Training	hours, days, per weel	
	Volunteering	hours, days, per week	(
	Community events	hours, days, per week	
you feel that <u>l</u> e following?	NOT having your driver's licence has	prevented you from attending	ng or participating in a
	Employment		
	Training		
	Participating in community events		
	Spending quality time with friends		
ease add any a	Attending school Volunteering  dditional comments you wish to male	ke in relation to any effect no	t having a drivers lice
d on your life:	Attending school Volunteering  dditional comments you wish to mal	ke in relation to any effect no	t having a drivers lice
d on your life:	Attending school Volunteering  dditional comments you wish to male		
d on your life:	Attending school Volunteering  dditional comments you wish to mal	AFTERNOON	t having a drivers lice
d on your life:	Attending school Volunteering  dditional comments you wish to male		
d on your life:	Attending school Volunteering  dditional comments you wish to male		
MONDAY TUESDAY WEDNESDAY THURSDAY	Attending school Volunteering  dditional comments you wish to male		
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	Attending school Volunteering  dditional comments you wish to male		
MONDAY TUESDAY WEDNESDAY THURSDAY	Attending school Volunteering  dditional comments you wish to male		

## **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)