BANYULE L2P
SUPERVISING DRIVER
APPLICATION FORM

PERSONAL DETAILS

First Name: _____ **Last Name:** _____

Age: _____ **D.O.B:** ____/____/_____

Gender: _____ **Cultural Identity:** _____

Language(s) Spoken: _____

Home Address: _____

_____ **Post Code:** _____

Phone Number: _____**Mobile:** _____

Email Address:

_____

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____**Relationship:** _____

Home Phone Number: _____ **Mobile:** _____

Home Address:

_____

_____ **Post Code:** _____

OTHER INFORMATION

Occupation:_____

Current Licence Number: _____**Expiry Date:** ___/___/____

Details of any driving restrictions or conditions:

_____

_____

_____

Do you have any medications or needs that may impair you capacity to drive safely? (If so, please specify)

_____

_____

How did you find out about the Banyule L2P program?

_____

_____

How many hours per week can you commit to the L2P program?

_____

What skills do you bring to the L2P Program?

_____

_____

How many years driving experience do you have?

_____

Why do you want to be an L2P Supervising Driver/Mentor?

_____

_____

_____

_____

Do you have a Learner Driver preference? (Please circle) Male Female Either

PLEASE INDICATE YOUR PREFERRED DAYS AND TIMES FOR SUPERVISED DRIVING SESSIONS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening From 5pm							

PLEASE PROVIDE DETAILS OF AT LEAST TWO REFEREES INCLUDING ONE PROFESSIONAL REFEREE

Name	Contact Number	Relationship/Role

CONSENT TO RELEASE PERSONAL DETAILS AND IMAGE FOR PROGRAM EVALUATION AND PROMOTIONAL PURPOSES

I do/do not give consent for Banyule L2P and VicRoads to use my personal details for program evaluation purposes.

I do/do not give consent for photographs to be taken of me participating in the Banyule L2P Learner Driver Mentor Program and used for program promotional purposes.

Print Full Name: _____

Signature: _____

Date: ___/___/____

Please return completed form to:

The Banyule L2P Program Coordinator
PO Box 259
Greensborough VIC 3088

Fax: **9435 1751**

Email: **L2P@bnllen.org.au**