



BANYULE L2P Learner 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

Current Learners Permit Number: _____ Expiry Date: ___/___/___

Mentor Preference: (Please circle) Male Female Either

Why do you want to join this program?

How many hours of driving experience have you already had?

Who supervised these?

**PLEASE INDICATE YOUR PREFERRED DAYS AND TIMES
FOR PRACTICE DRIVING SESSIONS**

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

Learner Driver Consent to Release Information

There may be occasions when the L2P Program Coordinator will be required to exchange information about you with other relevant agencies or service providers with whom you have had some previous involvement. Please list the names and contact persons of organizations with whom you have been or are currently involved.

Agency, Service or Program

Relevant Person

Housing Service

.....

Community Health Service

.....

Youth Support Service

.....

Department of Human Services

.....

Job Services Australia

.....

Youth Connections

.....

.....

I give permission for the release of information about me to be shared/released/discussed with the above services and organisations with whom I have been involved.

Learner Driver

Witness

Print Name

Print Name

Signature

Signature

Date

Date

**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 for them to be used for program promotional purposes.

Print Full Name: _____

Signature: _____

Date: _____

If under the age of 18 years, a parent or guardian must sign consenting to the person named above participating in the Banyule L2P Learner Driver Mentor Program.

Print Full Name: _____

Signature: _____

Date: _____

Please return completed form to: Banyule L2P Program
PO Box 259
Greensborough VIC 3088

Email: L2P@bnllen.org.au

Fax: 03 9435 1751