



Bega Valley L2P Learner Driver Mentor Program

Learner Application

Thank you for your interest in the Bega Valley L2P Learner Driver Mentor Program.

Eligibility Criteria:

- aged between 16 and 24 years of age
- eligible to obtain or currently hold a NSW learners permit
- limited or no access to a supervising driver and/or
- limited or no access to an appropriate vehicle

Please complete this application form and return it to:

Deb Austen, Bega Valley L2P Learner Driver Mentor Program, Project Officer

- **By post** to Eden Community Access Centre PO Box 243, Eden NSW 2551
- **In person** at the Access Centre, corner Princes Hwy and Mitchell St, Eden (front of Library building)
- **By email** to deb.L2P@eden.nsw.au

Once we have received your completed application the Project Officer will assess your application and contact you to arrange an interview if you are a suitable candidate.

Please note that because of limited spaces, we cannot guarantee your acceptance into the program.

Please phone the Manager, Carina, on 02 6494 3970 if you have any questions about the program or your application.

YOUR DETAILS

First Name:		
Last Name:		
Preferred Name:		
Suburb:		
Phone Number/s:	M:	H:
Email:		
Date of Birth:		
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Are you a Centrelink recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently:	<input type="checkbox"/> At School <input type="checkbox"/> TAFE <input type="checkbox"/> Unemployed <input type="checkbox"/> Working <input type="checkbox"/> Other
Do you have a case worker or have you been referred by an organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	Contact name: _____ Organisation: _____ Contact Number: _____ Email: _____

I agree for my image to be used by the Eden Community Access Centre for promoting the Centre's services on the internet, at exhibitions or displays, in publications and in traditional and social media.

Yes No

YOUR HEALTH DETAILS

Do you have any existing condition (disability/injury/mental health issue) that may affect your ability to drive?

Yes No

If yes, please provide details:

Do you take any medication that may affect your participation in this program?

Yes No

If yes, please provide details:

YOUR EMERGENCY CONTACTS

Please provide at least one emergency contact and their details (there is space for 3 contacts).

1. Name:	
Relationship to you:	
Phone number:	
Work number: (if applicable)	
2. Name:	
Relationship to you:	
Phone number:	
Work number: (if applicable)	
3. <small>Only use if required.</small> Name:	
Relationship to you:	
Phone number:	
Work number: (if applicable)	

YOUR DRIVING HISTORY

(a copy of your licence will be taken during the interview process)

Have you ever been disqualified from learning to drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain the reason:		
Have you ever been charged with a driving offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain the reason:		

YOUR AVAILABILITY AND PREFERENCE

What days and times are you available to participate in the Bega Valley L2P Learner Driver Mentor Program?

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time: eg: 9am – 2pm							

Mentor preference: Male Female Either

YOUR STORY/YOUR SAY

Why do you need to get your licence and how will this program assist you?

IMPORTANT!! This is Selection Information – provide as much detail as possible when answering this section. If you need help filling in this section, we are happy to assist.

Tell us a bit about yourself and why you would like to be considered for this program.

Why I need a license:

How the program will help me:

12 months is a long time to commit to the program, but that is what it will take. Do you feel you will be able to commit for 12 months?

Yes No

Tell us some examples that you have committed to a long term: (example; sports team, being a carer, work etc)

Please Note: On completing the program your continued success in future is important to the Bega Valley L2P Driver Mentor Program team. Do you give permission for Eden Community Access Centre to contact you in the future to enquire how this program has helped you with your achievements?

Yes No

Program Terms of Agreement

I, _____ (learner driver name) confirm that:

- I agree to you contacting my support person if necessary.
- I live in the Bega Valley.
- I am participating in the Bega Valley L2P Learner Driver Mentor Program voluntarily.
- The information provided in this application form is true.
- I agree to attend Driving Support Workshops when available.

- I agree to being signed up to the Bega Valley L2P Learner Driver Mentor Program google group to receive emails and information.
- I agree to allow the Eden Community Access Centre to keep my personal and driving information and share this information with Transport for NSW for reporting purposes.
- I agree to be denied my right to participate in a driving session if I attempt to complete a driving session under the influence of drugs or alcohol; or if I am involved in an attempt to bribe my Mentor to assist my passing this program; or if I mistreat or verbally abuse my Mentor in anyway deemed unacceptable.

Name (printed)

Signature

Date

Parent/Guardian name (printed)

Signature

Date

Parent/Guardian approval is required for anyone under 18yrs old

YOUR REFEREE

Please provide a referee who will support your application and ask him/her to provide some details that are relevant to your request to be included on the program.

Referee Details

Name:	
Phone:	Email:
Relationship to applicant:	
I have known the applicant for:	
His/Her reason for applying to participate in the program is:	

I believe he/she will demonstrate dedication and commitment to the program, which includes completing a minimum of 2 hours per week in driving lessons, because:

I believe he/she will be respectful to the Mentor because:

I agree to provide ongoing support and be contacted to discuss any issues for this participant to assist them to successfully complete the Bega Valley L2P Learner Driver Mentor Program.

Signature: _____ Date: _____

For further information about this program see our website:
<https://www.eden.nsw.au/l2p-learner-driver-mentor-program/>