



## Bega Valley L2P Learner Driver Mentor Program

## **Mentor Application**

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

Please complete this application form and return it to:

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

- 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
- 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 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:				
Street Address:				
Suburb:				
Phone Number/s:	M:		H:	
Email:				
Date of Birth:				
Gender:	☐ Female	☐ Male	Prefer not to say	Other
Provide preferred pronouns				
Country of Birth:				
Please list any language other than				
English that you speak at home:				

Which L2P driver	Ls Program (I	nelping people prepare for the Driver Knowledge Test)
program are you	Ps Program (	helping Learner Drivers learn how to drive)
interested in	Either/both	·
volunteering for:	Little!/bottl	
Tell us why you would like	e to be a Bega Vall	ley L2P Learner Driver Mentor:
What skills/experience do	you have that wi	II be helpful in mentoring disadvantaged people
learn to drive and/or und	ertake the Driver	Knowledge Test?
Do you have a mentee ge	nder preference?	
☐ Female ☐ I	Male	☐ No preference
How did you hear about t	he Bega Valley L2	P Learner Driver Mentor Program?
Referral S	Social Media	Radio
School	Word of Mouth	Newspaper

## **ADDITIONAL DETAILS AND AGREEMENT**

Ple	ase prov	ide the	following	details of	your em	nergency	contact	person:
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Name:							
Relationsh	hip to you:						
Email add	ress:						
Phone nu	mber:						
Police/Transp	oort for NSW	Driver Licenc	e/Working wi	commencement a ith Children checkeipt of your application	S	y L2P Ment	or?
Yes		☐ No		Not sure			
				nity Access Centre nd in traditional ar	-	_	e's services on t
Yes		□ No					
Do you take a	any medicati	on that may a	ffect your par	ticipation in this p	orogram?		
Yes	•	□ No	, .		J		
What days ar	nd times are	you available		in the Bega Valley			_
raining at night			of 1 nour a week,	for the Ps program w	e ask for a minim	ium of 2 nours	s a week. Driver
		NA1 -	Tuesday	Wednesday	Thursday	Friday	Caturday
Day:	Sunday	Monday	Tuesday				Saturday
Day: Time: eg: 9am - 2pm	_	-	_		- 1	-	
Time: eg: 9am – 2pm  submit this a	application to	o indicate my	interest in vol		e as a mentor t	to the Bega	Valley L2P Lear
Time: eg: 9am – 2pm  submit this a Driver Mento Access Centre	application to or program are e Inc. as per	o indicate my nd consent to their Privacy F	interest in vol	unteering my time	e as a mentor t	to the Bega ation by the	Valley L2P Lear e Eden Commu