



Learner Driver Application Form

Personal details	
First name	Preferred
Surname	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say
Home address	Town: _____ Postcode: _____
Email	
Home phone	Mobile
Date of birth	
Country of birth	Arrival date in Australia (if applicable)
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	
Do you speak another language other than English at home?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language? _____	
Referral name (if applicable)	
Referral organisation and phone number	

Emergency Contact	
Name	
Relationship to you	
Home address	
Phone number	Email

Current circumstances		
Do you currently have access to a supervising driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have access to a suitable vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a Healthcare card and/or receive Centrelink benefits?	<input type="checkbox"/> Yes CRN:	<input type="checkbox"/> No
Are you, your parent or guardian currently impacted by family violence, mental or physical health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a twin or triplet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a single parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you recently experienced periods of homelessness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you recently experienced out-of-home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Availability		Available time(s) – please circle					
Monday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Tuesday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Wednesday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Thursday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Friday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Saturday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm
Sunday	<input type="checkbox"/>	7-9am	9am-12pm	12-3pm	3-5pm	5-7pm	7-10pm

Additional information	
Learner permit number	Expiry date
Learner permit conditions (for example, glasses)	
Mentor preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference
Have you had any driving experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours? _____ In what vehicle type? <input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Why do you want to be part of the TAC L2P Program?	
What are your interests or hobbies?	
Do you have commitments or activities that may impact your participation?	
Do you have a physical or mental health diagnosis that may impact your ability to drive safely? Please give details including current treatment.	
Are there any other issues that may impact your involvement in the program?	
If you are aged 21 to 23, do you commit to at least 40 hours driving practice with the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consent and application declaration

If accepted into the Benalla Rural City Council L2P Program I hereby consent to the release to VicRoads of my personal information in connection with my participation in the L2P Program.

I agree that VicRoads may hold this information and use it from time to time to administer and evaluate the L2P Program. I also agree that VicRoads may contact me in the future for the conduct of surveys or enquiries relating to the L2P Program.

I declare that the information provided on this form does not include any misleading or false information.

Signature of Applicant _____ **Date** _____

Parent/guardian consent

(only applies to applicants under the age of 18)

I consent for my child to be a Learner Driver in the L2P program.

Name Parent/Guardian (please print clearly) _____

Signature Parent/Guardian _____ **Date** _____

For more information regarding the L2P Learner Driver Mentor Program or the application process please contact:

L2P Coordinator 03 5760 2600

Return your completed application:

In person Benalla Rural City Council
Customer Service Centre
1 Bridge Street East, Benalla

Mail L2P Program
Benalla Rural City Council
PO Box 227
BENALLA VIC 3671

Email council@benalla.vic.gov.au

Facebook Benalla L2P Program

Thank you for your application