



L2P Program Learner Driver Application Form

Personal Details	
First name:	
Last Name:	
Preferred Name:	
Address:	
Phone Number:	
Mobile Number:	
Email address:	
Preferred method of contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone
Age:	
Date of Birth:	
Gender:	
Country of Birth:	
Preferred language:	
Medical Information	
Do you have an existing medical disability/condition/injury that may affect your driving abilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	
Do you take any medication that may affect your participation in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	

EMERGENCY CONTACT DETAILS 1 :	
Name:	
Relationship to you:	
Phone number:	
EMERGENCY CONTACT DETAILS 2 :	
Name:	
Relationship to you:	
Phone Number:	
Other Information	
Learner Licence stage	<input type="checkbox"/> NL <input type="checkbox"/> L
Current number of driving hours logged	
Have you had any professional driving lessons? Please provide name of driving school and dates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licence Number	
Licence Expiry date	
Are you currently:	<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Other
Mentor preference	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either

To be eligible for this program you MUST meet the following:

- Have no access to a suitable supervisory driver
- Live in the Northern Suburbs or surrounding areas.
- No access to a suitable and reliable vehicle
- No/limited access to public transport systems
- Other (please specify) _____

What do you see as the benefits of you participating in this project?

- The possibility of gaining employment
- Further participation in education
- Increase in self-esteem/confidence and independence
- Other (please specify) _____

What days and times are you available to participate in this program?

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

Did you need assistance in completing this form?

- Yes
- No

How did you hear about this program?

Thank you for applying to participate in the NSCC program. The L2P Program Coordinator will be in contact with you in the very near future to arrange an interview time.