



L2P Program Volunteer Learner Driver Mentor 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
Country of Birth:	
Preferred language:	
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
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 Contacts (please provide at least one)**EMERGENCY CONTACT DETAILS 1 :**

Name:

Relationship to you:

Phone number:

EMERGENCY CONTACT DETAILS 2 :

Name:

Relationship to you:

Phone Number:

Other Information

Licence Number

Licence Expiry date

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

Mon

Tue

Wed

Thurs

Fri

Sat

Sun

Learner Driver Preference

Male

Female

Either

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.