

L2P Learner Driver Application Form

Personal Details

Date:

First Name:		Last Name:	
Date of Birth:		Age:	
		Gender:	
Cultural Identity:		Language Spoken:	
Address:			
Mobile Phone Number:			
Email Address:			

Emergency Contact Details

Emergency Contact's Full Name:			
Relationship to Young Person:			
Phone Number:		Mobile Number:	
Address:			

General Health and Wellbeing Information

Do you use drugs or alcohol recreationally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, can you please tick the frequency of your intake?	
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/>	
Do you take any prescription medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the name of medication?	
Do you have any of the following which may impact your ability to operate a vehicle?	
Impaired Vision <input type="checkbox"/> Physical Disability <input type="checkbox"/> Severe Anxiety <input type="checkbox"/> Other <input type="checkbox"/>	
Are you currently in the care of DHHS? (Department Health & Human Services)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate placement type:	
Home Base Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Lead Tenant <input type="checkbox"/> Residential <input type="checkbox"/>	

Please return completed form to:
 L2P Project Facilitator - Melbourne City
 Mission Email: L2P@mcm.org.au
 Phone: 9534 3685

Young Person's Driving Information

Do you currently have a valid Learners Permit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date of Learners Permit:			
Mentor Preference:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Either <input type="checkbox"/>				
Total Hours of Driving Experience:		Logged:		Unlogged:			
What is your reason for accessing this program?							
Please indicate your availability for driving sessions with a mentor?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 5pm -9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about the L2P Program?							
MCM website <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> External Agency <input type="checkbox"/> Other <input type="checkbox"/>							

Please return completed form to:
L2P Project Officer - Melbourne City Mission
Email: L2P@mcm.org.au
Phone: 9534 3685

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