

## Mansfield L2P Learner Driver Application Form

Applicant Details	
Surname:	First Name:
Home Address:	
Town:	Post Code:
Home Phone Number:	Date of Birth:
Mobile Phone Number:	Gender: Male / Female / Other
Email Address:	
Do you have any existing medical conditions that may affect your safe participation in this program? If so, please list here:	

Emergency Contact (Parent/Guardian if under 18 years of age)	
Name:	
Home Address:	
Home Phone Number:	Mobile Phone Number:

Other Information		
Learner's Permit Number:	Expiry Date:	No. hours practice:
Mentor Gender Preference: (please circle)    Male / Female / Either		

**Name of referral organisation/agency (if applicable):**

Agency/Organisation:	Contact Name:	Contact Number:

Eligibility
Please explain your reasons for wanting to participate in the L2P program and why gaining 120 hours supervised driving experience is difficult for you?

Please list any names and contact details of any person who can verify that you require the L2P program (e.g. parents, teachers etc).

Name:	Relation to you:	Contact Number:

Please indicate your availability for driving sessions (Morning, Afternoon, Evening, All-day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I give permission for this information to be shared with VicRoads for reporting details.	Yes	No
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Participant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under 18 years of age a parent or guardian must also sign this application in the space provided below

I \_\_\_\_\_ give permission for my son/daughter/child in my care  
 (name of parent or guardian)  
 \_\_\_\_\_ ) to participate in the Mansfield L2P Program.  
 (young person's name

I understand and agree to the conditions outlined in the above application.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*The personal information in this form is for the purpose of registering you as a participant with the L2P program. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.*

OFFICE USE ONLY

Meets criteria	√ X	Mentee reason for entering program	√ X	Verification by 3 <sup>rd</sup> party List relation to mentee	√ X
1) Age					
2) Address				VicRoads confirm learner permit currency	
4) Medical					