

# Learner Driver Application Form



**RUMBALARA**  
FOOTBALL NETBALL CLUB

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			
	Postcode:		
Email			
Home phone		Mobile	
Date of birth			
<b>Are you of Aboriginal or Torres Strait Islander descent?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
<b>Do you speak another language other than English at home?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, what language?			
<b>Emergency Contact</b>			
Name			
Relationship to you			
Home address			
Phone number		Email	





<b>Current circumstances</b>			
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
Learner permit number			
Learner permit conditions (for example, glasses)			
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		

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



Additional information	
Why do you want to be part of the Algabonyah Driver Mentor 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?	
<b>Mentor preference</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference



### Consent and application declaration

If I am accepted into the Algabonyah Driver Mentor Program I hereby consent to the release to VicRoads of my personal information in connection with my participation in the Algabonyah Driver Mentor Program Program.

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

Name Parent/Guardian (please print clearly) \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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

Team Leader Algabonyah Driver Mentor Program – Glenn Walker 0401 641 747

Return your completed application:

In person: Glenn Walker at Kaiela Institute, 21 Wyndham Street  
Bree Firebrace at Ashe, 21 Nixon Street

Mail: 21 Wynham Street, Shepparton VIC 3630

Email: [glenn.walker@rfnc.com.au](mailto:glenn.walker@rfnc.com.au)

Thank you for your application



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