L2P Ballarat Phone: 03 5331 5555
Level 1, 3 Peel Street South, Ballarat PO Box 50, Ballarat 3353
L2P@unitedwayballarat.org.au www.unitedwayballarat.org.au

LEARNER DRIVER APPLICATION FORM

Personal Details (REQUIRED)		
Surname:	First name:	Date of birth:
Home address:		
Postal address (if different from above):		
Email address:		
Phone Home:	Mobile:	Work:
Are you of Aboriginal or Torres Strait Islander decent? ☐ No ☐ Yes, Aboriginal Yes, Torres Strait Islander		
Do you have refugee status or have you immigrated to Australia? ☐ No ☐ Yes, my nationality is:		

Emergency Contact (REQUIRED)		
Name:		Relationship to you:
Phone Home:	Mobile:	Work:

Case Worker Contact (If applicable)		
Name:		
Organisation:		
Phone Work:	Work direct:	Mobile:

Driving Information (REQUIRED)	
Current Learners Permit number:	Expiry date:
Have you included a copy of your current Learners Permit? ☐ Yes ☐ No	
Mentor preference: ☐ Male ☐ Female ☐ No preference	
Have you had any driving experience? ☐ No ☐ Yes, how many hours?	
If you checked yes, what vehicle did you have your driving experience in? ☐ Auto ☐ Manual	
Do you have a preference for which car you learn to drive in? ☐ Yes, auto ☐ Yes, manual ☐ No preference	

Eligibility (Please check all that apply)	
☐ I am aged between 16 and 20 (REQUIRED)	☐ I am independent of my parents and living on my own
☐ I hold a current Learners Permit (REQUIRED)	☐ I have no access to someone with a full drivers licence
☐ I have no access to someone with a car	
Reason for needing L2P program assistance:	
How did you hear about the L2P program?	

Please indicate your availability for driving						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Permissions (REQUIRED)		
I give permission for my information to be shared with VicRoads for reporting details	☐ Yes	☐ No
I give permission for my photo to be taken as part of the L2P program and be used as part of promotion for the L2P program and United Way Ballarat programs	☐ Yes	☐ No

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.
It is the responsibility of the applicant to ensure all contact details are up-to-date and to inform United Way Ballarat of any changes to these details.

Signature: Date:

REGISTRATION FORM

Please return to:

United Way Ballarat
PO Box 50, Ballarat 3353
Phone 03 5331 5555

Date:			
Full name:			Date of birth:
Address:			
Email:			
Phone:	Home:	Work:	Mobile:
Special requirements/health or medical conditions:			
Emergency contact:			
Phone:	Home:	Work:	Mobile:

All staff at United Way Ballarat who handle your information are required by law to respect your privacy. Personal information about you will not be disclosed without discussing this with you and gaining your consent. If you wish to discuss this with us or amend or remove your details, please contact the Chief Executive Officer.

I consent for United Way Ballarat and any person authorised by United Way Ballarat to:

1. Provide basic information about me to stakeholders and sponsors in order to comply with their business contracts and agreements;
2. Use, reproduce or copy images taken of me while undertaking United Way Ballarat activities/projects (whether by photo, film or other electronic or printed media) in any promotion associated with United Way Ballarat activities and marketing; and
3. I acknowledge the images taken of me (whether by photo, film or other electronic or printed media) are the property of United Way Ballarat.

Please note participants under 18 years of age require signed permission by a parent/guardian for photography usage.

Participant signature:	Date:
Parent/Guardian signature (if applicable):	Date: