L2P Program
Learner Driver
Application Form

Personal Details	
First name:	
Last Name:	
Preferred Name:	
Address:	
Phone Number:	
Mobile Number:	
Email address:	
Preferred method of contact:	☐ Mail ☐ Email ☐ Phone
Age:	
Date of Birth:	
Gender:	
Country of Birth:	
Preferred language:	
Medical Information	
Do you have an existing medical disability/condition/injury that may affect your driving abilities?	☐ Yes ☐ No
If yes, please provide details.	
Do you take any medication that may affect your participation in this program?	☐ Yes ☐ No
If yes, please provide details.	

EMERGENCY CONTACT DETAILS 1 :	
Name:	
Relationship to you:	
Phone number:	
EMERGENCY CONTACT DETAILS 2 :	
Name:	
Relationship to you:	
Phone Number:	
Other Information	
Learner Licence stage	☐ **NL** ☐ **L**
Current number of driving hours logged	
Have you had any professional driving lessons? Please provide name of driving school and dates	☐ **Yes** ☐ **No**
Licence Number	
Licence Expiry date	
Are you currently:	☐ **Working** ☐ **Studying** ☐ **Other**
Mentor preference	☐ **Male** ☐ **Female** ☐ **Either**

To be eligible for this program you MUST meet the following:

- ☐ Have no access to a suitable supervisory driver
- ☐ Live in the Northern Suburbs or surrounding areas.
- ☐ No access to a suitable and reliable vehicle
- ☐ No/limited access to public transport systems
- ☐ Other (please specify) _____

What do you see as the benefits of you participating in this project?

- ☐ The possibility of gaining employment
- ☐ Further participation in education
- ☐ Increase in self-esteem/confidence and independence
- ☐ Other (please specify) _____

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

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

Did you need assistance in completing this form?	☐ **Yes** ☐ **No**
How did you hear about this program?	

Date: _____

Signature: _____

Thank you for applying to participate in the NSCC program. The L2P Program Coordinator will be in contact with you to arrange an interview time.