Learner Driver Mentor Program (LDMP) – Participant Information, Privacy and Consent

About the LDMP

The LDMP is a community-based program funded by the Department of State Growth to support disadvantaged learner drivers who may not otherwise have access to a suitable vehicle, supervising driver, or the financial means to complete the supervised driving hours required to obtain a Tasmanian provisional licence.

The program aims to improve road safety outcomes, increase access to employment, education and community participation, and support participants to progress safely through the Graduated Licensing System (GLS).

As a participant in the LDMP, learners are expected to:

- actively participate in the program and attend scheduled driving sessions
- maintain a valid Tasmanian learner licence
- comply with all road rules, program policies and safety requirements
- communicate respectfully with mentors and program coordinators
- notify the program coordinator if their circumstances or contact details change.

Participation in the LDMP is voluntary and may cease at any time upon request or in accordance with program policies and procedures.

Collection and Use of Information

Your personal information is collected by the Department of State Growth and participating Learner Driver Mentor Programs (LDMPs) to support your participation in the program and to assist with:

- program administration and delivery
- participant safety and eligibility verification
- program evaluation and service improvement
- understanding participant outcomes and barriers to licence attainment
- future planning and policy development
- demonstrating program outcomes and community impact
- supporting future program sustainability and funding decisions.

Participant information will be uploaded and securely stored within the Plumfleet Plumtree data management system for LDMP operational purposes only.

Driver licence information is collected solely to confirm eligibility and verify that participants hold a current and valid learner licence while participating in the program. This information will not be used for punitive, compliance, enforcement, or regulatory purposes by the Department of State Growth.

Phone numbers and email addresses may be used within the Plumtree system to generate automated reminders relating to driving sessions, bookings, cancellations, logbook requirements,

or other program-related activities. Contact details will not be used by the Department of State Growth for unrelated communication, marketing, or promotional purposes.

Personally identifiable information, including names, addresses, phone numbers, email addresses, and licence numbers, will not be disclosed to third parties without your consent unless required or authorised by law.

Where information is used for research, reporting, evaluation, policy development, or planning purposes, it will be de-identified and/or aggregated wherever possible to protect participant privacy.

Privacy and Confidentiality

The Department of State Growth and participating LDMP providers are committed to protecting participant privacy and handling information responsibly and securely in accordance with:

- the *Personal Information Protection Act 2004 (Tas)*
- the *Privacy Act 1988 (Cth)*, where applicable
- relevant LDMP Privacy and Confidentiality Policies and Procedures.

Access to participant information will be limited to authorised LDMP coordinators, relevant Departmental officers, approved system administrators, and other authorised persons directly involved in the administration and delivery of the LDMP.

Personal information will be securely stored and protected through password-secured systems, restricted user access controls, and secure information management practices.

Information will be retained and managed in accordance with legal, audit, record management, and program requirements.

Participants may request access to, or correction of, their personal information at any time by contacting their LDMP Coordinator.

If you have questions about how your information is collected, stored, managed, or used, please contact your LDMP Coordinator or the Department of State Growth.

Participant Consent

By signing this form, you acknowledge that:

- you understand why your information is being collected
- you consent to your information being stored within the Plumfleet Plumtree system for LDMP purposes
- you understand how your information may be used and protected
- you understand that de-identified data may be used for reporting, research and planning purposes
- you may request access to or correction of your personal information at any time.

If you have questions about how your information is collected, stored or used, please contact your LDMP Coordinator or the Department of State Growth.

Learner Driver Intake Form

Please complete all questions that apply to you in Sections 1 to 8, using clear block letters. This information helps the L2P Coordinator support your participation, complete your program registration and maintain accurate records. Section 9 asks about your circumstances and goals to help us report on and improve the program. Ask the L2P Coordinator if you need help with any question.

Section 1. Personal details

First name	
Last name	
Preferred name (optional)	
Date of birth (DD/MM/YYYY)	_____/_____/_____
Gender identity	☐ Male ☐ Female ☐ Other ☐ Prefer not to say
Do you identify as Aboriginal and/or Torres Strait Islander?	☐ Yes ☐ No ☐ Prefer not to say
Country of birth	
Language/s spoken (this will help us match you with the right Mentor)	
Preferred language	
Do you require an interpreter or communication support?	☐ Yes ☐ No
If yes, please give details	

Section 2. Contact details

Residential address (street number, street name, suburb and postcode)	
Phone number	
Email address	
Preferred contact method	☐ Phone ☐ SMS ☐ Email

Section 3. Emergency contact

Name of emergency contact	
Relationship to you	
Contact number for emergency contact	

Section 4. Medical information

1. Do you have an existing medical condition, disability or injury that may affect your driving abilities?	
☐ Yes	☐ No
If yes, please provide details	
2. Do you take any medication that may affect your participation in this program?	
☐ Yes	☐ No
If yes, please provide details	

☐ I consent to the Coordinator sharing relevant information from this section with my Mentor to help keep us both safe during driving sessions.

☐ I will tell the L2P Coordinator if my medical information changes while I am participating in the program.

Section 5. Driver licence information

Driver licence number	
Licence expiry date (DD/MM/YYYY)	_____/_____/_____
Earliest test date (shown on your learner licence, DD/MM/YYYY)	_____/_____/_____

Have you had a previous licence suspension or disqualification?	
☐ Yes If yes, when was it (date) ____/____/_____	☐ No

☐ I will provide my learner licence and Centrelink concession card to the L2P Coordinator to be copied and kept on my Learner file.

These copies are kept separately on your Learner file and can only be accessed by the L2P Coordinator and NSCC management. You may ask to see, or correct, the information we hold about you at any time.

Section 6. Driving lessons and supervised hours

Before joining the program, you should have some driving experience, such as professional lessons or supervised practice with a parent or another supervising driver. This helps protect you, your volunteer Mentor and the L2P vehicle. Volunteer Mentors do not provide initial driving instruction; they help you build your skills and complete the 80 supervised driving hours required before taking the provisional licence test.

If you have not had professional driving lessons, or have limited or no driving experience, please speak with the L2P Coordinator first, as we may still be able to support you.

How many professional driving lessons have you completed? Please provide the driving school's name and the lesson dates.	
How many supervised driving hours have you completed? You may be asked to show your logbook.	

Section 7. Your availability

Tick all times when you are generally available for driving sessions. We will use this information to match you with a Mentor. Tell the Coordinator if your availability changes.

Day	**Morning** (9am to 12pm)	**Afternoon** (12pm to 3pm)	**Late afternoon** (3pm to 5pm)	**Evening** (5pm to 8pm)
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

Section 8. Mentor preference and referral

Mentor preference	☐ Male ☐ Female ☐ Either
How did you hear about the L2P program?	

Section 9. Your circumstances and goals

Your answers help us understand the circumstances and goals of people joining the program. This information is reported in de-identified form to show program outcomes, improve the program and support ongoing funding. Please answer as many questions as you can. If you would rather not answer a question, tick 'Prefer not to say' or leave it blank.

1. Do you have access to a vehicle outside the L2P program for supervised driving?	**2. Do you have access to a supervising driver outside the L2P program?**
☐ No ☐ Sometimes ☐ Yes, regularly	☐ No ☐ Sometimes ☐ Yes, regularly

3. Before joining the program, what made it difficult for you to progress towards obtaining your licence?	
☐ Anxiety, confidence or previous driving experience	☐ Cost of driving lessons or other licensing costs
☐ Difficulty accessing driving lessons	☐ Disability or health-related barriers
☐ Family or personal circumstances	☐ Language, literacy or communication barriers
☐ Limited public transport	☐ Other (please specify): _____
☐ Prefer not to say	

4. What are your current driving goals?	
☐ Access education or training	☐ Access or maintain employment
☐ Become a safer and more independent driver	☐ Build my driving skills and confidence
☐ Complete my required supervised driving hours	☐ Improve access to services and appointments
☐ Improve my employment opportunities	☐ Improve my independence and mobility
☐ Reduce reliance on public or community transport	☐ Support family or caring responsibilities
☐ Prefer not to say	

5. What best describes your current situation?		
☐ Casual employment	☐ Employed full-time	☐ Employed part-time
☐ Not currently able to work	☐ Self-employed	☐ Student
☐ Unemployed	☐ Volunteer	
☐ Other (please specify): _____		☐ Prefer not to say

6. Are you currently looking for work?		
☐ Yes	☐ No	☐ Prefer not to say

7. Are you registered with a job agency or employment service provider?		
☐ Yes	☐ No	☐ Prefer not to say
If yes, which provider?		

8. Highest level of education completed		
☐ Primary School	☐ Year 10 or equivalent	☐ Year 12 or equivalent
☐ Apprenticeship / Traineeship	☐ Certificate or Diploma	☐ University Degree
☐ Other (please specify): _____		☐ Prefer not to say

9. Your personal income per year (before tax)		
☐ $0 - $20,000	☐ $20,001 - $40,000	☐ $40,001 - $60,000
☐ $60,001 - $80,000	☐ $80,001+	☐ Prefer not to say

10. Are you currently receiving Centrelink payments or services?	11. Are you an NDIS participant?
☐ Yes ☐ No ☐ Prefer not to say	☐ Yes ☐ No ☐ Prefer not to say

12. Are you connected with other support services?		
☐ Yes	☐ No	☐ Prefer not to say
If yes, which services?		

Declaration

☐ I confirm that the information provided is true and correct to the best of my knowledge.

☐ I have read and understood the Privacy and Consent statement and agree to my information being collected, stored, and used as outlined.

☐ I understand that de-identified information may be used for reporting, research, evaluation, planning, and program improvement purposes.

☐ I agree to be contacted in future regarding program feedback, evaluation activities, or participant surveys. (optional)

Participant Signature	
Date (DD/MM/YYYY)	____/____/_____

Parent or guardian (required if the participant is under 18 years of age)

Parent or guardian name	
Parent or guardian signature	
Date (DD/MM/YYYY)	____/____/_____