



Get in2 Gear

Learner Driver Mentor Program

Introduction Pack

Included in this Introduction Pack is:

Eligibility for learner drivers
Learner driver responsibilities
Learner driver registration form

When your application form is completed please return with a copy of your learner's license to:

Break O'Day Council
32 – 34 Georges Bay Esplanade, St Helens 7216

Participant Eligibility

Eligibility for being a participant in the project will be decided according to the following criteria:

Participants must be able to gain a significant life benefit to be involved in the project:

- a possibility of gaining employment;
- improving autonomy and self-esteem;
- lowered chance of being involved in risk-taking behavior;
- participation in education;
- Demonstrate motivation.

Participants who are disadvantaged through:

- being unable to access family/other support to gain 50 hours of driving practice;
- non-English speaking background;
- Financial hardship.

Participants are required to:

- have a zero blood alcohol level whilst driving;
- be free of illicit drugs whilst driving;
- Notify the Community Services Officer of the effects of any medications that may have an effect on the participation in this project.

Participant Responsibilities

For the safety of the Mentor, it is essential that you have had 2 professional driving lessons prior to undertaking this program. If you have trouble in arranging this please contact the program coordinator to discuss.

As a participant in the project, you have the responsibility to:

- acknowledge the volunteer's rights to be safe;
- be responsible for your own safety and the safety of other road users;
- respect the volunteer driving mentor;
- be reliable;
- arrive on time for the designated appointment time;
- ask for support when needed;
- hold a current learner's licence and to provide a copy of same when registering for the program;
- abide by all road laws and regulations. If an offence occurs whilst involved with the program, participants may not be allowed to continue;
- no smoking in the project vehicle

GET IN2 GEAR LEARNERS APPLICATION

NAME: _____ DOB: _____

ADDRESS: _____

EMAIL: _____

CONTACT PHONE NUMBER/S: _____ MOBILE: _____

OCCUPATION: _____ SCHOOL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____ EMAIL _____

MANUAL CAR OR AUTOMATIC CAR: _____

LEARNER LICENCE NUMBER: _____ EXPIRY DATE: _____

HOW LONG HAVE YOU HELD YOUR LEARNER LICENCE FOR: _____

ARE YOU NORMALLY ABLE TO ACCESS A SUPERVISOR DRIVER: _____ YES / NO

HAVE YOU HAD ANY PROFESSIONAL DRIVING LESSONS: _____

HOW MANY LOGGED HOURS OF DRIVING HAVE YOU COMPLETED: _____

WHAT IS THE MAIN REASON YOU WANT TO OBTAIN YOUR PROVISIONAL LICENCE:

INDEPENDENCE

EMPLOYMENT

ISOLATION

I verify that this information is true and correct

Signature of Applicant: _____ Date: _____

Please return this application to: Jenna Barr, Break O' Day Council, 32-34 Georges Bay Esplanade,
St Helens 7216