

## LEARNER DRIVER REGISTRATION FORM

### PERSONAL DETAILS

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Driver Licence No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

(Please attach a copy of your driver's license to this registration form.)

Licence Type \_\_\_\_\_ Earliest test date \_\_\_\_\_

Type of Licence preferred (Note: BODC's learner driver car is an automatic) Manual ☐ Automatic ☐

Number of professional lessons and company used \_\_\_\_\_

Is English your first language? Yes ☐ No ☐ Do you require a translator? Yes ☐ No ☐

There is a dashcam installed in the car that records video and audio in front of and inside the car. Footage is captured to enable an investigation in the event of an incident; by ticking yes, you agree to this recording whilst inside the vehicle Yes ☐ No ☐

Do you have a medical condition or a physical or mental disability which may affect your driving? Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

### AVAILABILITY

When are you available for driving sessions? Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐  
(please tick one of the above boxes)

	MON	TUE	WED	THU	FRI
A.M.					
LUNCH					
P.M.					

### EMERGENCY CONTACTS – NEXT OF KIN

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

Relationship (e.g. friend, partner, etc) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

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### Emergency Event

Name of your GP \_\_\_\_\_

In the event of a medical emergency, I authorise the host service to seek the necessary treatment, I agree to pay for all such medical bills and expenses incurred on my behalf.

Signature \_\_\_\_\_ (Learner Driver)

Signature \_\_\_\_\_ (Parent/Guardian if u/18)

Date \_\_\_\_\_

### PERSONAL INFORMATION PROTECTION STATEMENT

As required under the *Personal Information Protection Act 2004*

1. Personal information will be collected from you for the purpose of dealing with your application and may be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that ct.
2. Failure to provide this information may result in your application not being able to be accepted and processed.
3. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Break O' Day Council.
4. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.
5. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Break O' Day Council. You may be charged a fee for this service.

I hereby give permission to the Break O' Day Council Community Services Program Officer to keep a record of my personal contact information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Learner Driver Eligibility and Responsibilities

#### Eligibility Criteria

To participate in this program, applicants must meet the following criteria:

**Participants must be able to demonstrate the potential for significant life benefits through involvement in the program, such as:**

- Increased possibility of gaining employment
- Improved autonomy and self-esteem
- Reduced likelihood of engaging in risk-taking behaviour
- Increased participation in education
- Demonstrated motivation to achieve their goals

**Priority will be given to participants who are disadvantaged due to:**

- Inability to access family or other support to achieve the required 80 hours of driving practice
- Not able to access a roadworthy car
- Experiencing financial hardship

#### Responsibilities of the Learner Driver

**All learner drivers are required to:**

- Maintain a zero blood alcohol level while driving
- Be free from illicit drugs while driving
- Inform the Community Services Officer of any medications that may affect driving ability

For the safety of the Volunteer Driver Mentor, participants must have completed **at least two professional driving lessons** prior to commencing the program. If you are unable to arrange these lessons, please contact the Program Coordinator for assistance.

**As a participant in the program, you are expected to:**

- Respect and acknowledge the volunteer mentor's right to be safe
- Take responsibility for your own safety and the safety of other road users
- Treat the volunteer mentor with respect
- Be reliable and arrive on time for scheduled appointments
- Ask for support when needed
- Hold a current learner's licence and provide a copy at registration
- Abide by all road laws and regulations
- Refrain from smoking in the vehicle

Please note: If an offence occurs while participating in the program, your involvement may be terminated.

Break O'Day Council, 32-34 Georges Bay Esplanade, ST HELENS TAS 7216

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☐ Jenna Barr, Community Services Program Officer

☐ Chris Hughes, Manager Community Services