**Please fill in the following two forms:**

Sign and then return to the Learner Driver Mentor Coordinator (Lauren McGrow) at Geeveston Community Centre, along with a copy of your driver’s license.

* **Learner Driver Application Form**
* **Learner Driver CODE OF CONDUCT**

**Learner Driver Application Form (CONFIDENTIAL)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Contacts (please provide at least one)** | | | | | | | |
| **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** | | | **L1**  **L2** | | | | |
| **Current number of driving hours logged** | | |  | | | | |
| **Have you had any professional driving lessons?** | | | **Yes**  **No** | | | | |
| **If Yes, please provide name of driving school and dates** | | |  | | | | |
| **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  **And at least one or more of the following:**  Live in the southern region of the Huon Valley  Can’t afford petrol  No access to a suitable and reliable vehicle  You are driving unlicenced  No/limited access to public transport systems  You can’t afford driving lessons  Young parent  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?** | | | |  | | | |

Thank you for applying to participate in the Jumpstart program. The Project Officer will be in contact with you to arrange an interview time.

Please email or return this form to:

Lauren McGrow

Jumpstart Learner Driver Mentor Training Coordinator

lauren@geevestoncommunitycentre.com

(03) 62971616

0490384272

Geeveston Community Centre (GeCo)

9B School Road

Geeveston TAS 7116

**Learner Driver**

**CODE OF CONDUCT**

All Jumpstart learner drivers should understand and agree to behave in accordance with the following Code of Conduct. Any violation of this contract may result in immediate exit from the program.

In choosing to participate in the Jumpstart program I agree to:

**Appearance:**

* Learner drivers should present themselves in a manner that is neat, clean and tidy.
* Enclosed footwear must be worn at all times during driving sessions.
* A high standard of hygiene is essential and must be adhered to at all times.

**Appropriate Role Behaviour:**

* Visits into the learner driver’s house by the driver mentor are

notpermitted.

**Communication:**

**THE FOLLOWING ARE ESSENTIAL CONDITIONS FOR THE LEARNER DRIVER:**

1. ***Meet my mentor driver at the agreed place and the agreed time.***

* **IF YOU DO NOT (OR CANNOT) TURN UP, AND YOU DO NOT CONTACT EITHER GECO OR JUMPSTART WITHIN *AT LEAST 2 HOURS OF YOUR APPOINTMENT*, YOU MAY BE PUT ON THE WAITING LIST.**
* **IF YOU FAIL TO TURN UP AND DO NOT CONTACT EITHER JUMPSTART OR GECO THREE TIMES, YOU WILL BE PUT ON THE WAITING LIST.**

**ALSO:**

* + The learner driver acknowledges that the relationship is designed to be

‘one on one’ with your mentor, so no friends or relatives are to attend driving sessions.

* All communication should be clear, concise, friendly, non-threatening and courteous.

**Respect:**

* Participants in the Jumpstart program will be treated with respect by their mentor and by staff at Geeveston Community Centre.
* Any problems should be discussed with the Jumpstart Coordinator and will be dealt with fairly and efficiently.

**Rules:**

* The learner driver agrees to abide by the Code of Conduct and all the rules, guidelines and policies in this document and as outlined by the Jumpstart Coordinator.

**Confidentiality**

* All information discussed between the learner driver and the mentor must be held in strict confidence by both the learner and mentor, except when this information is:
* ***dangerous to either the mentor or learner***
* ***verbally, physically or sexually inappropriate***

**Alcohol and other Drugs:**

* Never consume alcohol, tobacco, or other drugs while taking part in a driving session.
* Never arrive for a driving session under the influence of alcohol or other drugs.

**Mobile Phones:**

* Ensure that mobile phones and other electronic devices are switched off during a driving session.

**Change of Address:**

* Tell the Jumpstart Coordinator if you have a change in address, phone number or email address.

**Concerns:**

* Discuss your concerns with the Jumpstart Coordinator as soon as possible.

**Evaluation:**

* Take part in the evaluation process as required.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that the above Code of Conduct and all associated policies, rules and guidelines have been explained to me by the Jumpstart Coordinator.

I understand that the vehicle is to be used for supervised driving sessions with my mentor only, and that all other activities are prohibited. I understand and agree to abide by the Jumpstart Code of Conduct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_