**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, police check and Working with Vulnerable Children check.

* **Mentor Driver Application Form**
* **Mentor Driver CODE OF CONDUCT**

**MENTOR DRIVER Application Form (CONFIDENTIAL)**

|  |  |
| --- | --- |
| PERSONAL DETAILS | |
| First name: | |
| Last Name: | |
| Preferred Name: | |
| Address: | |
| Landline Phone Number: | |
| Mobile Number: | |
| Email address: | |
| Preferred method of contact: 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: | |
| LICENSE | |
| Your Driver’s License Number: | |
| Your Driver’s License Expiry date | |
| Are you currently: | Working  Studying  Other |
| Learner driver preference  Male  Female  Either | |
|  | |
| What days and times are you available to participate in this program?   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **morning** |  |  |  |  |  |  |  | | **afternoon** |  |  |  |  |  |  |  | | **evening** |  |  |  |  |  |  |  | | |
| How did you hear about this program? | |

Thank you for applying to become a mentor in the Jumpstart program. The Coordinator 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

**Mentor Driver**

**CODE OF CONDUCT**

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

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

**Appearance:**

* 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 IS AN ESSENTIAL CONDITION FOR SUCCESS OF THE PROGRAM:**

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

**ALSO:**

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

‘one on one’ with your learner driver, 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 learner driver 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 mentor 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 mentor and learner driver 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 learner only, and that all other activities are prohibited. I understand and agree to abide by the Jumpstart Code of Conduct.

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