

Referring a person to the

L2P Murraylands Practical Driving Program

Referred By:

Full Name

Job Title or Position in Organisation

Referring Organisation

Telephone or Mobile Contact

Email Address

Referring Officer's Signature

/ / 20

Date

Please be advised that by submitting this enrolment form you have verified that all details are to your knowledge, accurate and correct as of the date you signed and submitted this form.

Applicant's Details - Page 2

This is a legal document - please be accurate in your details.

Your Full Name:

Date of Birth

dd/mm/yyyy

Contact Information:

Home:

Street

Suburb / Town

Tele or Mobile:

Email:

About you as a person:

Your Gender:

MALE

FEMALE

Cultural background

Country of Birth

Do you identify as Aboriginal and/or Torres Strait Islander

Aboriginal

Both

Torres Strait Islander

Neither

Learner Permit Number

Learner Permit Expiry Date:

Any Special License Requirements?

ie., automatic transmission; corrective lenses or any other restriction the SA Government has advised you of

Is your Learner Permit subject to cancellation and/or Suspension at this time? Answer Yes or No

L2P Murraylands Enrolment Form

Applicant's Details - Page 3

Have you had any driving experience?

Yes - with a Licensed Driving Instructor

State the Number of Lessons

Vehicle type? Automatic Manual

Driving Instructor's Details

Print Instructor's name:

Driver's Tele/Mobile:

No - only with a friend

Sorry you cannot enrol until you have completed at least 3 practical lessons with a Registered South Australian Licensed Driving Instructor

Emergency Contact Details for a Family Member or Friend

Full Name:

Relationship to you?

Street Address:

Suburb/Town:

Tele/Mobile:

Some further information:

Please give a brief explanation as to why you think you would be suitable for the L2P Program.

When would you be available for practical driving sessions?

Weekdays Weeknights Weekends

Once you have printed the form, signed and dated it, please hand it in at your local Library or Council Office. We will process it and get back to you.

/ /20

Applicant's Signature

Date

If you are under 18 years of age, a parent or guardian must also sign this enrolment.

I,

give permission for my

son daughter child in my care named above, to participate

in the L2P Program. I understand and agree to the conditions outlined in the application.

/ /20

Parent / Guardian Signature

Date