

Personal Details			
Surname		First Name	
Home address			
Town		Postcode	
Email			
Home Phone		Mobile Phone	
Date of Birth		Gender	
Do you have existing medical conditions that may affect your safe participation in this program? If 'yes', please list here:			

Emergency Contact			
Surname		First Name	
Home address			
Town		Postcode	
Home Phone		Mobile Phone	

Other Information			
Learner Permit number		Expiry date	
Mentor gender preference	Male/ Female/ Either	No. hours of practice	

Eligibility
<p>L2P is a program to help disadvantaged young drivers who cannot achieve the required 120 hours without help from the community. Can you explain why you would not be able to complete 120 hours without the L2P program?</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

Please list the names and contact details of anyone that can verify that you require the L2P program (e.g. parents, teachers etc)

Name	Relation to you	Contact number

Please indicate your availability for driving sessions (morning, afternoon, evening, all day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I give permission for this information to be shared with VicRoads for reporting purposes. (Please tick one)

Yes	No
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Participant's Signature: _____

Date: __/__/__

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

I, _____ give permission for my son/daughter/child in my care, _____ (child's name) to participate in the Alpine L2P program. I understand and agree to the conditions outlined in the above application.

Parent/ guardian signature: _____

Date: __/__/__

Please forward your application to:

L2P Coordinator – Alpine Shire Council

PO Box 139

Bright, VIC, 3741 or

Email: L2P@alpineshire.vic.gov.au

If you have any queries, please contact the L2P Coordinator on (03) 5755 055 or 0418 736 665