



# **‘Geared to Succeed’ Driver Training Program**

## **PARTICIPANT EXPRESSION OF INTEREST & AUTHORITY**

***Before completing this form please read the following information;***

In order to participate in this training program, participants must meet entry requirements (see attached) Selection of participants will be made by members of the Driver Training Steering Committee. If you would like to be considered for one of the limited places on this program you must be able to legally to obtain a drivers license in South Australia within the program time frame. The information you provide will remain confidential, and used solely for program implementation, monitoring and evaluating purposes. **For further information, please contact: Shayne Grant 0418 804 421**

**Participant Details**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	
<b>Suburb:</b>	<b>Postcode:</b>
<b>E-mail:</b>	
<b>Contact Telephone Number:</b>	<b>Mobile:</b>
<b>Date of Birth:</b> /        /	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Are you of Aboriginal or Torres Strait Islander Origin?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you currently at school?</b> Yes <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you currently in training at TAFESA or University or another Training Institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please indicate below which ones:</b> <input type="checkbox"/> TAFESA <input type="checkbox"/> University <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <b>If part-time or casual how many hours per week</b> _____	

**Are you currently employed?**

Yes  No      If yes, please indicate employment type below:

Full time     Part-time     Casual

**If yes, please indicate number of hours per week**

Less than 15 hours     Greater than 15 hours

**Are you registered with a Job Services Australia or Disability Employment Service provider?**

No

Yes (please provide details):

Case Manager Name (if known)

Salvation Army Employment Plus

\_\_\_\_\_

Complete Personnel

\_\_\_\_\_

Baptist Care

\_\_\_\_\_

Interwork

\_\_\_\_\_

CBS (Community Bridging Services)

\_\_\_\_\_

CRS

\_\_\_\_\_

Other: (please give details) \_\_\_\_\_

**Do you have a Learners Permit (L's)?**

Yes  No License No: \_\_\_\_\_

**Did you gain your (L's) prior to 4th September 2010?**  Yes  No

**Have you logged any hours towards your Probationary Licence (P's)?**  Yes  No

If yes, how many hours have you logged? \_\_\_\_\_

**Do you have regular access to a vehicle?**

Yes  No

**Do you have regular access to a license driver?**

Yes  No

**Are you currently taking medication for any health concerns?**

Yes  No      If yes, please provide brief details:

---

---

---

**What are your reasons for wanting to be part of the drivers licence program?**

(Think about the additional benefits and value you would gain in addition to gaining your licence)

**How did you hear about the Drivers Licence Program?**

- Family Member / Friend     Job Services Australia or Disability Employment Service Provider  
 Television     Newspaper     Career Development Centre  
 Radio     Other: \_\_\_\_\_

**Are you committed to completing a full Certificate II qualification while also achieving your Drivers Licence?**

- Yes     No

**I give permission for any photographs taken of me whilst in the program being used for promotional or media purposes.**

- Yes     No

**Participant Declaration**

I certify that the information I have provided on this form is true and correct, and I consent to the information I have provided being used for the purposes of implementing, monitoring and evaluating the Drivers Licence Program.

Participants full name: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date:    /    /

**If under 18 years of age**

I certify that the information provided on this form is true and correct, and I consent \_\_\_\_\_  
(Please write in your child's name) to participate in this program and for the information they have provided in this Expression of Interest form being used for the purposes of implementing, monitoring and evaluating the Drivers Licence Program.

Parent or Guardian's full name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date:    /    /

Parent or Guardian contact phone number

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_