

## Drive for Life Referral Form

Date

### Section One - Details

First name		Middle name (if any)		Last name	
Preferred name (if different)		Date of birth		Residency Status	
First language, if not English		CALD	Yes      No	Aboriginal or Torres Strait Islander	Yes      No
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify:				
Mobile number		Preferred method of contact	Text      Email      Phone call		
Email					
Address (including suburb and post code)					
At which Drive for Life location are you interested in participating in?					
Person to contact in an emergency	Name				
	Phone				
	Relationship to self				

### Section Two – Referrer Details

Referral from (eg. Agency, school, family, self, etc)	
Name	
Phone	
Email	
Relationship to you	

## Section Three – Work and Wellbeing

<b>Please tick all that apply to you</b>	<input type="checkbox"/> Student <input type="checkbox"/> Apprentice or Traineeship <input type="checkbox"/> Receiving Centrelink benefit	<input type="checkbox"/> Employed (Casual) <input type="checkbox"/> Employed (Part-time) <input type="checkbox"/> Employed (Full-time) <input type="checkbox"/> Not Employed
<p><b>Do you have any concerns that require special consideration? Provide as much detail as possible (e.g. are you on any medications, do you have epilepsy or other medical conditions, do you have difficulty with reading and writing? etc.)</b></p>		
<p><b>Do you have any mental health concerns that require special consideration and if so, how do you manage this? (e.g. non-suicidal self injury/ self harm, attempted suicide, psychosis, mania)</b></p>		
<p><b>Reasons for applying for this program?</b></p>		

**Section Four – Drive for Life Learners Program** \*Please skip to 'Section 5 ' if not applicable

## **ID Verification**

<b>To complete your pre-Learner Test, you will need to provide 1 form of identification from List 1 and List 2</b>	<b>ID type</b>
1. Birth Certificate, Proof of Age Card, Passport, Government Issued Document	1.
2. Credit card, Debit card, Medicare card, Centrelink etc.	2.
<b>Do you have access to the practice pre-Learner Test?</b>	Yes      No
<b>If yes, can you pass your practice pre-Learner Test 3 times in a row?</b>	Yes      No

## Section Five – Drive for Life P's Program

### ID Verification

You will need to provide your Learners Licence and at least 1 of the documents below.	ID type
Centrelink/Birth Certificate/, TAFE, UNI or other Photo ID Card/ Healthcare/ Medicare/ Credit/Debit card/ passport.	

### Legal History

<b>Do you have any unpaid debt that may stop you from achieving your licence? (e.g. loans, outstanding roads and public transport fines)</b>	
<input type="checkbox"/> Yes, provide details:	
<input type="checkbox"/> No	
<b>Have you been convicted of a criminal offence? (e.g. driving offence, violence/ abuse toward others ). If yes, see following questions. If no, skip to section six:</b>	
<input type="checkbox"/> Yes, please provide details:	
<input type="checkbox"/> No, proceed to section six	
Date of last incident	
What are your previous or pending charges?	
What was the outcome?	

## Section Six – Drive for Life Driving Details

Licence Number		Expiry Date		Logbook hours	
<b>Do you anticipate any barriers to participating in the program? (e.g. such as availability for appointments, alcohol and/ or drug use, punctuality, transport issues, etc.)</b>					
<b>Note: It is illegal for anyone to drive under the influence of drugs or alcohol. All vehicles are fitted with breathalysers</b>					
Response:					
<b>When driving or in a vehicle, what are some things that may be triggering for you? (e.g. night time, gender of mentor, traffic conditions, mentors tone of voice or body language, certain suburbs)</b>					
Response:					
Is there a licenced driver in your family or social network that can assist you with increasing your logbook hours?		Yes	No		
Do you have access to a car?		Yes	No		