

## Drive for Life Referral Form

Date

### Section One - Details

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

### Section Two – Referrer Details

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

## Section Three – Work and Wellbeing

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

## 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>  1. Birth Certificate, Proof of Age Card, Passport, Government Issued Document 2. Credit card, Debit card, Medicare card, Centrelink etc.	<b>ID type</b>	
	1.	
	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. Centrelink/Birth Certificate/, TAFE, UNI or other Photo ID Card/ Healthcare/ Medicare/ Credit/Debit card/ passport.	ID type

### 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?			<div>Yes</div> <div>No</div>		
Do you have access to a car?			<div>Yes</div> <div>No</div>		