

Application form

First Name: _____ Last Name: _____

Address: _____ Suburb: _____

Phone number: _____ Email address: _____

Date of birth: (DD/MM/YY) _____ Cultural Background: _____

Language/s spoken: _____ Date arrived in Australia: (DD/MM/YY) _____

Visa: _____ Details if currently studying: _____

Bi-lingual driving instructor required? Yes No

Do you need parent/guardian consent? Yes No

Gender (please circle): Female Male Other: _____

Learners Licence Number: _____ Exp Date: (DD/MM/YY) _____

How long have you had your licence? Years _____ Months _____

Have you had any driving lessons? Yes No

Are you able to travel to MYSA Hindley St? Yes No
(if no MYSA maybe able to assist with other forms of travel access to the program)

How many hours of driving have you done? _____

Do you have any special physical/cultural requirements to be involved in the program?

Were you referred by a Social Worker or other agency? Yes No
(if yes please provide their details)

We have a number of very good male supervising volunteer drivers available to give supervised driving practice. Do you feel comfortable driving with a male supervisor only?

Please provide any comments to support your application:

*Fill and send this form by pressing the Send button of emailing it to Teila@mysa.com.au

ATTATCH COPY OF DRIVERS LICENCE + DRIVERS LOG BOOK SHOWING HOURS.