# **Volunteer Mentor Application Form**



Please ensure you meet the following eligibility criteria prior to submitting the application form:

- You are over 21 years of age
- You hold a current full Australian driver's licence
- You have a satisfactory driver licence history report
- You are medically fit to drive (we may discuss this further through the application process)

Additionally, as part of the application process, you will be asked to provide:

- a valid (volunteer) Working with Children's Check
- a satisfactory National Police Check

Your local L2P Coordinator can assist with these if required.

VicRoads will collect, use and disclose the personal and health information you provide in accordance with the VicRoads Privacy Statement and L2P Collection Notice at the end of this form.

| Personal Details  |          |      |   |                                |  |
|---|----------|------|---|--------------------------------|--|
| Date of Application   | /        | / 20 |   |                                |  |
| First Name  |          |      |   | Must match your licence        |  |
| Surname   |          |      | l                                       | Must match your licence        |  |
| Gender (select one only)                                    | Male     |      | Female                                  | Unknown X                      |  |
| Pronouns (select one only)                                  | He / Him |      | She / Her                               | They / Them                    |  |
| Date of Birth   | /        | /    |   |                                |  |
| Address   |          |      |   |                                |  |
| Suburb  |          |      |   |                                |  |
| Postcode  |          |      |   |                                |  |
| Email   |          |      |   |                                |  |
| Contact Number  |          |      |   |                                |  |
| Country of Birth  |          |      |   |                                |  |
| Occupation (select one only)                                |          |      |   |                                |  |
| Are you of Aboriginal or Torres Strait<br>Islander descent? | No       |      | Yes,<br>Aboriginal                      | Yes,<br>Torres Strait Islander |  |
| Do you speak a language(s)<br>other than English?           | No       |      | Yes<br>If yes, other language(s) spoken |                                |  |
| Licence Number  |          |      |   | Must match your licence        |  |
| Expiry Date   | /        | / 20 |   |                                |  |
| State Licence Issued  |          |      |   |                                |  |





# **Volunteer Mentor Application Form**

| Personal Details   |   |       |                   |  |  |
|--|---|-------|-------------------|--|--|
| Are you currently suffering from any serious (permanent or long-term)  | No                                      | Yes   | Prefer not to say |  |  |
| illness, disability, medical condition, or<br>injury (or the effects of treatment for<br>any of those things) that may affect<br>your fitness to drive | If yes, please provide further details: |       |                   |  |  |
| Please indicate some of your interests   | Art/Design                              | Music | Reading           |  |  |
|  | Sport                                   | Other |                   |  |  |
| Learner driver gender preference   | Female                                  | Male  | No preference     |  |  |
| Reason for participation in the L2P Program  |   |       |                   |  |  |

## **Emergency Contact**

| Name                  |
|-----------------------|
| Relationship to you   |
| Address               |
| Contact Number        |
| Second Contact Number |

### **References** (known to applicant for minimum 12 months, and must not be family members or friends)

| 1 | Name           |
|---|----------------|
|   | Contact Number |
|   | Email          |
|   | Relationship   |
| 2 | Name           |
|   | Contact Number |
|   | Email          |
|   | Relationship   |





Please check the following times that suit you most of the time:

| Available Time(s) |           |            |            |           |           |            |
|-------------------|-----------|------------|------------|-----------|-----------|------------|
| Monday            | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm - 5pm | 5pm - 7pm | 7pm - 10pm |
| Tuesday           | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |
| Wednesday         | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |
| Thursday          | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |
| Friday            | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |
| Saturday          | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |
| Sunday            | 7am - 9am | 9am - 12pm | 12pm - 3pm | 3pm – 5pm | 5pm - 7pm | 7pm - 10pm |

#### **Conditions of Volunteering**

I agree to undertake all training relevant to the TAC L2P Program.

I am willing to commit one year to the program at a minimum.

I understand that I am applying for a mentoring role rather than a driving instructor role.

I agree to undertake a Working with Children Check (Volunteer).

I agree to undertake a National Police Check.

I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf.

I agree that I have never been banned or dismissed from another TAC L2P Program.

I give permission for my information to be shared with the Department of Transport for reporting purposes.

I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes.

I agree that I meet the TAC L2P mentor eligibility criteria outlined within this application form and that the information I have provided is correct.

I have read the information provided in the collection notice on the following page and I:

- a. understand the reasons why my information must be collected, and
- b. consent to the collection, use and handling of my personal, sensitive and health information by VicRoads for the reasons provided in the collection notice, and
- c. consent to the Program Service Provider entering the information I provide in this form on the VicRoads portal.

Name

Signature

Date / /





## **Collection notice**

#### TAC L2P Program

This collection notice applies to the Transport Accident Commission L2P Program (**Program**). The Program pairs learner drivers with volunteer mentors to help learners meet their Graduated Licensing System requirements.

VicRoads collects your personal information and health information (**information**) when you apply for and participate in the Program. VicRoads will protect your information in accordance with the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*, as applicable, and as required by other laws and policies.

We collect your information directly from you if you contact us about the Program, or if you provide it to us in the forms you fill out. We may also collect your information from other people or sources. For learners, we may receive your information from the organisations or individuals who refer you to the Program. For volunteer mentors, we may obtain your information from the persons you nominate as your referees. For both learners and mentors, we may use your registration and licensing information (including information sourced from the myLearners Program) we previously collected and currently store for the purposes of your involvement in the TAC L2P Program.

You may interact with VicRoads anonymously if you make a general enquiry, but where you do not provide the information required by our forms, we may be unable to process your application.

When you give VicRoads your information, we use it to process and assess your application and to deliver services to you during the course of the Program.

We may also disclose your information to our employees and to authorised individuals and third party service providers who support us in delivering and managing the Program and assist us by performing functions or activities on our behalf, such as marketing and communications, data security, data hosting and data processing, and Program service providers who may need to enter your information into the VicRoads portal. We also disclose your information to Victorian Government organisations, stakeholders and decision makers who evaluate and monitor the Program.

If you wish to access the information we collect about you or if you require more information about how we handle your information, you can find the full TAC L2P Program collection notice on the TAC L2P page on the VicRoads website.

If you have any questions about this collection notice you can contact the Department of Transport Privacy unit at <u>L2P@roads.vic.gov.au</u>



