

## **Driver Training Application Form**

| Given Name  | Family Name  |          |
|---|--|----------|
| Address   | State  | Postcode |
| Telephone #   |  |          |
| Email address   |  |          |
| Birth Date  | Gender   |          |
| First Language  | Other Languages  |          |
| Do you have your learner driver's licence?  |  |          |
| For people age 25 and over ONLY  How many hours have you driven and recorded in your logbook toward the required 120 hours?                           |  |          |
| Do you have your own car to use for lessons?  | If so, does it have insurance for any driver?            |          |
| Tick which days you are available for lessons   | Monday Tuesday Wednesday Thursday Friday Saturday Sunday |          |
| Tick which time of the day you are available for lessons  | Morning Afternoon Evening                                |          |
| Do you hold a Health Care Card or Pensioner Concession Card from the Department of Human Services – Centrelink? <b>NB this is NOT</b> a medicare card | Provide card # & expiry                                  |          |
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For assistance contact GLAPD Office telephone 0474 513 696