



LEARNER DRIVER REGISTRATION FORM

	Title	First Name	Last Name	
Your Name:				
Preferred Name:				
Home Address:				
Suburb:			Postcode:	
E-mail Address:				
Home Phone No:	()	Mobile No:		Work No: ()
Learner License No:		Expiry Date:		D.O.B.:

ASSISTANCE REQUIRED: - Please tick one

- First 5 driving school lessons**
- Supervised driving sessions** (after 20 driving school lessons)
- Final lesson with driving school before RTA License Test**

LEARNER DRIVER EXPERIENCE: - Please list your last four lessons or driving experience (Note: 1).

Name of Driving School & Supervising Drivers	Contact phone number or email address	Dates	No. of lessons (hours) completed



Please attach a photocopy of your Learner Driving Log Book entries

Note: 1. I have no objection to the SCARF Program Manager checking my Learner Driver Log Book or contacting the driving schools attended or the supervising drivers I have had so far.

Signed: _____ Date: _____

SCARF use	Received:	Recorded:	Notes:
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