



MENTOR DRIVER REGISTRATION FORM

	Title	First Name	Last Name
Your Name:			
Preferred Name:			
Home Address:			
Suburb:		Postcode:	
E-mail Address:		D.O.B.:	
Home Phone No:	()	Mobile No:	Work No: ()
Driver's License No:		Expiry Date:	Years of Driving:

VEHICLE USED

I would be available to act as a driving mentor using:

- A) The SCARF car Yes No
- B) My own automatic car Yes No

If Yes to B) above, please provide details of your vehicle

Make:		Model:		Rego No:	
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If Yes to B) above please provide details of your vehicle Comprehensive Insurance

Insurer:		Policy No:		Expiry date:	
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YOUR AVAILABILITY

I agree to be available for a 90 minute training session about being a driving mentor: Yes No

I would be available for driving sessions with a SCARF community member:

[.....] time(s) per week OR [.....] times per month

I have no objection to the SCARF Program Manager seeking an RTA driving record printout or a National Criminal History Record Check (NCHRC) – *please tick the box if you agree.*

Signed: _____ Date: _____

Please write any additional notes on the other side of this form

SCARF use	Received:	Recorded:	Notes:
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