

Baw Baw L2P Inc.



Learner Driver Initial Interview

Name: _____

Parent / Guardian Name: _____

Address: _____ Postcode: _____

Date Of Birth: _____

Tel No. (AH) _____ (BH) _____ (Mob) _____

Current circumstances:

Medication:

Medical history:

Why do you want to participate in L2P?

What do you think a Mentor will do?

Interests: _____

One positive: _____

One barrier: _____

Police contact: _____

Other services involved: _____

Selection Criteria

- Financial*
- Homeless*
- Family*
- Geographic*
- CALD*

Comments: