

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: _____

- | |
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| <p>Selection Criteria</p> <ul style="list-style-type: none"><input type="radio"/> <i>Financial</i><input type="radio"/> <i>Homeless</i><input type="radio"/> <i>Family</i><input type="radio"/> <i>Geographic</i><input type="radio"/> <i>CALD</i> |
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Comments: