



I care for ( please tick appropriate one)	Parent/guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <input type="checkbox"/> who? _____ Name of person you care for :																								
Have you had any driving lessons?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many? :																								
How many supervised driving hours have you had?  Who supervised these?																									
Have you had a Keys2drive lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Why do you want to join YC Drive program?																									
Where did you hear about this program?																									
Please indicate best days for you for driving practice with your mentor	<table border="0"> <thead> <tr> <th></th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> </tr> </thead> <tbody> <tr> <td>Am</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you are under 18 years of age, your parent or guardian must provide consent for you to participate in the YC Drive Program by signing below.

Print Full name

Signature

Date

Please return completed form to YC Drive Program C/O **Carers NSW** PO Box 785, North Sydney NSW 2059 Email: [yc@carersnsw.org.au](mailto:yc@carersnsw.org.au) Fax: (02) 9280 4755 Tel: 02 92804744

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