

# FORMER REFUGEE DRIVER TRAINING INITIAL CRITERIA FORM



Before you can apply, you need to pass the “Initial Criteria Questions”

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

TODAY’S DATE: \_\_\_\_\_

LEARNER’S LICENCE NUMBER: \_\_\_\_\_

LEARNER LICENCE START DATE: \_\_\_\_\_

LEARNER LICENCE EXPIRY DATE: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

(PLEASE CIRCLE)

1. Are you from a Refugee background? YES / NO
2. Have you applied for this programme before? YES / NO
3. Has anyone else in your family been on this programme in the past? NO / YES
4. Are you currently a job-seeker (with Red Cross—Pathways to Employment)? YES / NO
5. Do you own or have access to a vehicle? YES / NO
6. Are you currently living with a husband/spouse/partner? (If NO, go to Question 9) NO / YES
7. Is your Husband/Spouse/Partner currently employed? (If NO, go to Question 9) NO / YES
8. If your husband/spouse/partner is working, how many hours per week? \_\_\_\_\_
9. Does your husband/spouse/partner have a full NZ driver’s licence? NO / YES
10. Do you have any dependent children? YES / NO
11. If so, how many? \_\_\_\_\_
12. Do you live in Wellington City, Porirua or the Hutt (please circle)?

**FOR OFFICE USE ONLY:**

Checklist received by: \_\_\_\_\_

APPLICATION FORM : YES

NO

**LEVEL OF ENGLISH:**

NONE

LOW

MODERATE

GOOD

EXCELLENT

**DRIVING EXPERIENCE NOTES:**

# FORMER REFUGEE DRIVER TRAINING LEARNER APPLICATION FORM



1. This is an application form ONLY. It does NOT mean you are on the programme automatically.
2. A Selection Panel will decide on who is successful for this programme, and their decision is final.
3. There are limited spaces on the programme so we will be in touch if you have been selected.
4. You must complete this form yourself. You can have help, but we need YOUR answers.
5. Please fill in **ALL** questions on the form, uncompleted registrations will NOT be accepted.
6. **Email to:** kate.twyford@crf.org.nz / **Post to:** Kate Twyford, PO Box 9186, Wellington 6141 / **Bring to our office:** ChangeMakers Refugee Forum, Level 1, 203-209 Willis Street, Wellington 6011.

<b>FIRST NAME:</b>			
<b>SURNAME:</b>			
<b>EMAIL ADDRESS</b>			
<b>COUNTRY OF ORIGIN</b>		<b>LANGUAGE</b>	
<b>MOBILE #:</b>		<b>HOME #:</b>	
<b>DATE OF BIRTH</b>		<b>LICENCE NO:</b>	
<b>GENDER</b>	Male      Female      Other	<b>LICENCE DATE:</b>	
<b>ADDRESS</b>			
<b>EMERGENCY CONTACT</b>	Name Address	Number	Relationship
<b>AGE OF CHILDREN</b>			
<b>Who told you about this programme?</b>			
<b>Employment Status</b> UNEMPLOYED      STUDENT      EMPLOYED      OTHER			
<b>Does anyone in your family already have a Full NZ Driver's Licence?</b> YES If yes, who?			
<b>Do you own a car?</b> YES      NO If NO, how will you access a vehicle after you have your licence?			
<b>English Level:</b> NOT GOOD      GOOD      VERY GOOD			
<b>Have you driven before?</b> YES      NO			
<b>Have you had any lessons with a driving instructor before?</b> YES      NO			
<b>Describe your driving skills</b> NONE      BASIC      GOOD      VERY GOOD			

Describe your driving experience (if any):

Do you have any health or legal reasons that mean you should not drive? YES NO

Will you be available to have 2 x 1hr driving sessions per week (over a 12-16 week programme)?

YES NO

Why do you want to learn to drive?

If you have classes or work (or both), please give us days and times.

I have: CLASS WORK OTHER

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_

When are you free for driving lessons?

The more times you give, the easier it would be to find you a volunteer.

	MON	TUES	WED	THURS	FRI	SAT	SUN
From							
To							

Do you consent to a "Fit & Proper" person police check? YES  NO

Do you commit to the Ground Rules of the Programme? YES  NO

Do you agree to NOT DRIVE without a Supervisor as specified in the NZ Road code? YES  NO

SIGNATURE OF APPLICANT

# Refugee Driver Training Programme

## Ground Rules

1. Consent to relevant checks and the sharing of information with programme providers.
2. Obey ALL NZ Driver Licence Laws eg: NOT driving on Learner's Licence etc.
3. Follow requirements for contacting other people involved in the programme as specified by the programme co-ordinator.
4. Keep confidential any personal details learned about other people participating in the programme.
5. Expect to participate in the programme at an appropriate time of the day for driving
6. Follow the length of practice sessions as arranged by the co-ordinator.
7. Be on time for appointments.
8. Follow instructions from the driving instructor and programme co-ordinator.
9. Notify necessary people in good time if unable to make an appointment.
10. Respect the vehicle and use it with care.
11. Contact the programme co-ordinator immediately if there are any problems.
12. Inform us if you have ever been, or are currently:
  - a) the subject of Police investigation in NZ or overseas regarding violence or sexual offences, drugs or firearms or driving offences
  - b) charged in NZ or overseas with violence or sexual offences, drugs or firearms or driving offences
13. Understand you must be "fit and able" to perform your role as learner driver/mentor and that drugs and alcohol are strictly prohibited on any days involving practice sessions or driving lessons.

Specifically:

  - a) You will not take any prescription medicine or form of drug that may inhibit your ability to drive a motor vehicle safely
  - b) You will not consume alcohol within 12 hours before driving
  - c) You will notify the programme co-ordinator of any physical injury or condition that may inhibit your ability to drive a vehicle safely
  - d) You agree to notify the programme co-ordinator if these conditions change at any time while you are attending this course
  - e) You will be mentally and physically fit to undertake driver training/mentoring.
14. Consent to participate in a Programme Evaluation at the end of the Project.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_