

## ENROLMENT FORM

### Enrolment checklist

Please check that you have completed and attached the following

- ☐ Completed DriveSafe NT enrolment form (this form)
- ☐ Completed application for a Northern Territory Driver/Rider Licence (L1) form
- ☐ Evidence of Identity and Residency documentation
- ☐ Enrolment Fee - \$110.00

### Feedback

How did you hear about the DriveSafe NT program?

- ☐ Family / Friend
- ☐ MVR
- ☐ School
- ☐ Advertisement
- ☐ Other

### 1. Participant details - All sections MUST be completed

Surname

Given name(s)

Date of birth

Male

☐

Female

☐

Cultural identity

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Postal address

State:

Postcode:

Preferred contact method

- ☐ Mobile telephone
- ☐ Email

Mobile telephone

Email address

(Compulsory - to receive your licence receipt)

## 2. Parent / Guardian information - All sections MUST be completed

If the participant is 18 years of age or over please go straight to Section 3.

Surname

Given name(s)

Relationship to participant

Residential address

Telephone

State:

Postcode:

## 3. Declaration by Participant

I, \_\_\_\_\_ (participant name)

of \_\_\_\_\_ (address)

have read and understood the requirements of the DriveSafe NT program. I hereby apply for enrolment in the program / give my consent to allow my son / daughter / ward to enrol and participate in the DriveSafe NT program.

By applying for enrolment in the DriveSafe NT program I agree to abide by the DriveSafe NT Participant Code of Conduct.

I hereby consent to the Motor Vehicle Registry using and disclosing information from my DriveSafe NT records for the purpose of effectively delivering the DriveSafe NT program; this may include providing personal and contact details to third party providers registered by the Department of Transport to deliver services under the DriveSafe NT program.

Participants enrolling in the Katherine region are advised that DriveSafe NT will provide your contact details to Katherine-based DriveSafe NT instructors/driving school(s). The instructors may contact you directly using the details on this form to discuss your participation in the DriveSafe NT program and arrange for your attendance at a Drive 1 theory class.

\_\_\_\_\_ (participant signature)

\_\_\_\_\_ (parent/guardian signature)

**NOTE:** If you have any questions or concerns about the use and disclosure of your information as detailed above, please contact DriveSafe NT on telephone **1800 121 411** or email **drivesafent@nt.gov.au**.

### OFFICE USE ONLY

RECEIPT NUMBER	DATE RECEIVED	CUSTOMER ID		
LICENCE CONDITIONS REQUIRED (please circle / add details)	NONE	EYESIGHT	MEDICAL	
OTHER (add details)				
LICENCE NUMBER		ISSUE DATE		