



The road to success is closer than you think.

Road2Wheels is a government Empowering YOUTH initiative aimed at removing barriers to employment by supporting participants to gain their learner driver's licence, provisional driver's licence and purchase a vehicle.

Stage 1: 12 Weeks (11 Sep 2017 - 1 Dec 2017)

1 Day a week in class sessions covering:

- Goal Setting
- Health & Wellbeing
- Emotions and behaviors (mental health)
- Financial Management
- Job Search Skills
- Employability Skills
- Driver Education 1 (L-P)
- Driver Education 2 (car care)
- White Card / Food Safety

Stage 2: 6 to 9 months (4 Dec 2017 - 30 Aug 2018)

- Continuous mentoring and driving hours.
- Assistance in preparation for work and licences.

Stage 3: Graduation

- Show and shine

For more information please contact:

Gavin Comtesse - Wagga Wagga
gavin.comtesse@atel.com.au | 0427 682 201

Garry Brook - Albury / Wodonga
garry.brook@atel.com.au | 0481 002 982





REFERRAL ROAD2WHEELS

APPLICANT INFORMATION

| | | |
|------------------|---------------------|--------------------------|
| Name: | | |
| Date of birth: | Email: | Phone: |
| Current Address: | | |
| City: | State: | Post Code: |
| JSID: | Stream (if known): | ATSI: Yes/No |
| Resume: Yes/No | AJS Profile: Yes/No | 100 Points of ID: Yes/No |

REFERRER INFORMATION

| | | |
|---------------------|--------------------|----------------------|
| Referrer's Name: | | |
| Referrer's Address: | Company Name: | |
| Phone: | Email: | Street: |
| City: | State: | Post Code: |
| Program: JA/TTW/DES | Time with Provider | Current JSCL: Yes/No |

LICENCE STATUS

| | |
|--|-------------|
| Does the applicant have a Learners Driver's Licence? Yes/No | |
| Has the client participated in any formal driving lessons? Yes/No | Licence No: |
| Does the client own a car? Yes/No | |

EMERGENCY CONTACT INFORMATION

| | | |
|---------------|---------|--------|
| Name: | | |
| Relationship: | Mobile: | Phone: |

NON-VOCATIONAL BARRIERS

| | |
|--|---|
| Does the applicant have any non-vocational barriers? | |
| Barriers: | Will the barriers inhibit the ability to attain a Licence? Yes/No |
| Treating Agency: | |

QUALIFICATIONS

| | | |
|---------------------------|--------------------|------------|
| Name: | Date: | State: |
| <i>Eg. OHS White Card</i> | <i>15 Jun 2017</i> | <i>NSW</i> |
| | | |
| | | |

| | |
|---|--------------|
| Referrer Activity Name (if applicable): | Activity ID: |
|---|--------------|

SIGNATURES

| | |
|--|-------|
| I authorise the verification of the information provided on this form is true and correct: | |
| Signature of Applicant: | Date: |
| Signature of Referrer: | Date: |
| Signature of R2W Mentor: | Date: |