Government of **Western Australia**
Department of **Transport**

RL13

Participant Consent

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

Complete and submit this form via your Objective Connect folder to allow Department of Transport to access the participant's licensing record.

MY PERSONAL DETAILS

YOU MUST BE AN AUSTRALIAN CITIZEN OR PERMANANT RESIDENT TO PARTICIPATE IN THIS PROGRAM

- ☐ I am an Australian Citizen
- ☐ I have Australian Permanent Residency

FAMILY NAME

FIRST NAME/S

ADDRESS WHERE I LIVE

SUBURB/TOWN

STATE W A POST CODE

DATE OF BIRTH

/ /

PHONE NUMBER

EMAIL ADDRESS

LEARNER'S PERMIT NUMBER

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?

- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander
- ☐ No
- ☐ Prefer not to say

EMPLOYMENT STATUS

- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Student
- ☐ Home/caring duties
- ☐ Seeking employment
- ☐ Unemployed
- ☐ Unable to work
- ☐ Prefer not to say

REASON FOR SUPPORT/REFERRAL

PLEASE TICK ALL THAT APPLY

No proof of identity documents	☐
No access to a car	☐
No access to suitable supervisor/driving instructor	☐
Language and/or literacy barriers	☐
Financial support	☐
Remote community resident	☐
Referral from other agency	☐
Social, emotional and/or cultural barriers	☐
Other*	☐

*IF OTHER, DETAIL BELOW

CONSENT INFORMATION

PLEASE LEAVE THE BOX BLANK IF YOU DO NOT AGREE/CONSENT

I agree/give my consent that:
The Department of Transport might share my first name, photo and the name of the region or town where I live when they tell people about the Driving Access and Equity Program. This might be in reports, on Facebook or Instagram. They might also share the story of why I joined the program and how it helped me.

I agree: ☐

SIGNATURE

I understand that by signing I agree:

- My personal information will be shared with the Department of Transport so I can be part of the Driving Access and Equity Program.
- This information will be kept safe and will only be used for the purposes of the program and its reporting in line with Department of Transport record keeping policies and processes.
- The Department of Transport will check my information on their database.
- The Department of Transport, or the grant organisation, might ask me for feedback about my time in the program.

MY SIGNATURE

DATE SIGNED

/ /

ORGANISATION - OFFICE USE ONLY

REFERRING AGENCY - IF APPLICABLE

GRANT ORGANISATION NAME

STAFF MEMBER NAME

ROLE AT ORGANISATION

Declaration:
Today I explained to the participant what signing this consent form means. They understand, are comfortable to participate, and give informed consent.

The participant's questions have been answered to their satisfaction.

SIGNATURE

DATE SIGNED

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