



Defence Special Needs Support Group Inc.

North Ipswich LPO
P.O Box 2403
North Ipswich, QLD, 4305
1800 037 674
www.dsnsng.org.au
national.coordinator@dsnsng.org.au

Drive Safe APPLICATION FORM

Nominee Name:

Parents Name:

Address:

Suburb:

State:

Postcode:

Phone 1:

Phone 2:

Email:

Service - ARMY

AIRFORCE

NAVY

DEPENDENT INFORMATION

Dependent 1

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 2

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 3

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 4

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 5

Name:

DOB:

Male:

Female:

Special Need/s:



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Are you a Member of DSNSG Yes No

Medical History -

(Please attach all relevant medical documents)

It is a requirement to have your Learner License

Does the child/adult have their L's Yes No

Would you prefer: Manual or Automatic Car

Do you require: 10 x 1hr lesson, 20 x 1hr lesson or 10 x 2hr lessons

Have funds for this item been sought elsewhere? Yes No
(if yes please supply details)

Signature:
signing this document, you agree that all information is true and accurate

Date:

In accordance with the privacy act, DSNSG Constitution, Policy & Procedures; your details are only seen by the National Committee. Please return form to drivesafe@dsns.org.au

OFFICE USE ONLY

	Date	Signed
Form Received		
Added to Spreadsheet		
Approval Letter Sent		
Invoice Sent		
Driving School Booked		
Lessons Completed		