



# Defence Special Needs Support Group Inc

PO Box 31 Deakin West, ACT 2600  
1800 037 674

## Drive Safe Application Form

Nominee Name: \_\_\_\_\_

Parents / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**Service:**       ARMY                       AIR FORCE                       NAVY

### Nominee Information

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_       MALE                       FEMALE

Special Need/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you a Member of DSNSG?**       YES                       NO

Please tick the box of which category you are in:

#### Full Member

- A Defence member, spouse or de-facto spouse of a Defence member who has or had a dependent with a special need; or a Defence Reserve member, spouse or de-facto spouse of a Defence Reserve member who has or had a dependent with a special need; or a retired Defence member, spouse or de-facto spouse of a retired Defence member who has been a Defence member for at least six years and has had continuous involvement with the Society.

**Associate Member**

- A spouse or de facto spouse of a Defence member or a Reserve member who is separated from the Defence member or the Reserve member, but who still provides care for the dependent with a special need or An Individual who, or organisation which, are interested in and support the aims of the Society. As per our constitution: That falls under 18.2.4 a is not entitled to access DSNSG programs or utilise the DSNSG subsidy for attendance at other activities.

**Medical History** - (Please attach all relevant medical documents. Current medical supporting documentation, from a Specialist. e.g. Letter from an Occupational Therapist, Speech Pathologist etc. *Please note: a letter from a GP is not sufficient*).

**It is a requirement to have your Learners Licence**

Does the Nominee have their Learners  YES  NO

Licence number \_\_\_\_\_ STATE HELD \_\_\_\_\_

**Amount of Driving lessons being requested?**

- 10 x 1-hour lessons
- 20 x 1 hour lessons

Would the Nominee prefer:  MANUAL  AUTOMATIC

**Do you have a preferred driving school?**

Driving School Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Have funds for this service been sought elsewhere? (if yes please supply)**

- No
- Yes \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*By signing this document, you agree that all information is true and accurate.*

The information you provide will be stored in confidence in accordance with the SA Privacy Act of 1988, DSNSG Constitution, Policy & Procedures; your details are only seen by the National Committee.

Please return this form to [drivesafe@dsnsg.org.au](mailto:drivesafe@dsnsg.org.au)

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**OFFICE USE ONLY**

	DATE	SIGNATURE
Member of DSNSG		
Form Received		
Date Approved		
Added to spreadsheet		
Approval letter sent		
Invoice sent to member		
Member contribution received		
Driving school payment made		
Driving lessons booked		
Lessons completed		

**Version Control:**

Revision and Approval History:

Date	Version	Approved by	Amendment notes
11/02/2020	Version:2.0	National Executive Committee	
26/05/2020	Version:2.1		Amount of Driving lesson to be added