

# APPLICATION FOR DRIVING INSTRUCTOR AUTHORITY

## Fact Sheet

This fact sheet has been provided to assist your understanding of the legislation and our policy when completing an Application for Driving Instructor Authority (Authority). An Authority may be granted only if Commercial Passenger Vehicles Victoria (CPVV) is satisfied that the applicant meets the requirements set out under Section 33 of the *Road Safety Act 1986 (Vic)* (Road Safety Act).

### CPVV requires all applicants for an Authority to:

- hold a current full Victorian driver licence granted under section 19 of the *Road Safety Act 1986 (Vic)* (Road Safety Act)
- demonstrate that they are a fit and proper person to hold an Authority
- have successfully completed Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) TLI41218.

**Helpful Tip:** The address on your Authority must match your current residential address on the VicRoads Driver Licensing System. You should ensure VicRoads has your current address before submitting your application.

### About this Application

Included in this form is:

- application for Driving Instructor Authority
- consent for CPVV to conduct a National Police History Check (NPHC) on your behalf
- medical and vision acuity assessment to be completed by a Registered Medical Practitioner

### National Police History Check (NPHC)

As part of this application, CPVV will conduct a NPHC on your behalf. CPVV does this through a contractual arrangement with the Australian Criminal Intelligence Commission (ACIC) – the government agency responsible for criminal history record checking. You will be provided with a copy of the results of your NPHC as a part of the application process. Information provided in this form will be disclosed to police agencies for checking action and updating records held about you by ACIC and police agencies. ACIC and police agencies will access their records to obtain and disclose police history information that relates to you to CPVV. That information may include outstanding charges, warrant information and criminal convictions, findings of guilt or pleas of guilt recorded against you. Police history information is disclosed according to the applicable laws of the relevant jurisdiction and, in accordance with the relevant jurisdiction's information release policies. That may include spent convictions legislation.

For more information about Police Checks please visit the CPVV website [cpv.vic.gov.au](http://cpv.vic.gov.au)

### Mutual Recognition

If you have held a driving instructor authority in another state or territory and wish to apply for mutual recognition, you must complete a Mutual Recognition form instead of this form and provide the required documentation as outlined in that form.

### Lodgement details

This form and supporting documents can be submitted to CPVV by post to:

Commercial Passenger Vehicles Victoria,  
GPO Box 1716, Melbourne, VIC, 3001

# APPLICATION FOR DRIVING INSTRUCTOR AUTHORITY

## Driving Instructor Authority Application fee

The application fee must be paid when submitting the application. Visit [cpv.vic.gov.au](http://cpv.vic.gov.au) for a list of current application fees. Payment can be made via the credit card payment authorisation in Section 8 of the application form or by Bank Cheque/Money Order (made payable to Commercial Passenger Vehicles Victoria).

## Processing Times

Please allow 10 business days for the application to be processed. Upon approval of your application, your authority cards will be posted to you in the mail.

## Working With Children

Driving instructors who intend to instruct children under the age of 18 must hold a current Working with Children Check issued by the Department of Justice for 'Employment' purposes only (not 'Volunteer'). Visit [workingwithchildren.vic.gov.au](http://workingwithchildren.vic.gov.au)

## Medical Requirements

As part of this application you will be required to undertake a medical and vision acuity assessment. This assessment is conducted in reference to the current Assessing Fitness to Drive Guidelines. A copy can be downloaded for free from [austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive](http://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive)

You will be required to disclose your full medical history to the Registered General Medical Practitioner conducting your medical assessment. If the Vision Acuity Assessment is to be completed by an Optometrist instead, please download the Vision Acuity Assessment form from the website for the optometrist to complete and attach it with this application.

To assist with your medical assessment, you may download the Driver Health Questionnaire that you can use to disclose your medical information to your GP. Go to [cpv.vic.gov.au](http://cpv.vic.gov.au) to download the form.

## Driver Photograph

You will be required to submit 2 passport sized photos (taken in the last six months) so CPW can issue your identity card.

## Training Requirements

CPW strongly recommends that prior to enrolling in the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) TLI41218, prospective applicants self-assess their eligibility to hold an Authority against the criteria used by CPW when determining applications.

Registered Training Organisations (RTOs) will assist you in assessing your relevant level of experience. Details of RTOs offering the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) may be obtained from [training.gov.au](http://training.gov.au)

## Incomplete Applications

If you fail to provide or complete any relevant part of this application, it will not be assessed and will be returned to you as incomplete. You will be required to complete and/or provide the missing information requested before re-submitting the whole application.

## Proof Of Identity Documents

The applicant is required to provide 100 points of identity documents. Section 5 of this form provides you with the most simple way of achieving the 100 points. The documents listed are the commonly used documents only, and do not represent the full list of documents that can be used to satisfy this requirement. Please see the proof of identity information available at [cpv.vic.gov.au](http://cpv.vic.gov.au) for a complete list of documents that can be used.

# APPLICATION FOR DRIVING INSTRUCTOR AUTHORITY

## SECTION 1 – PERSONAL DETAILS

Surname:

First Name/s:  
(including middle names)

Previous Surname:

Previous First Name/s:  
(including middle names)

Maiden  Previous  Alias

OFFICE USE ONLY

You must provide all of your previous names, if more room is required, list on separate sheet, sign and send the sheet with this application form.

Date of Birth:  Gender:  Male  Female  Unspecified

Place of Birth: Suburb:  State/Territory:  Country:

## SECTION 2 – ADDRESS & CONTACT DETAILS

Home Phone:  Mobile Phone:

Email Address:

**Please provide five (5) years worth of address history.**

### Current Residential Address:

Street:

Suburb:  State  Postcode

Period of Residence: From:  To:

### Postal Address (if different from your current residential address):

Street:

Suburb:  State  Postcode

### Previous Address 1:

Street:

Suburb:  State  Postcode

Period of Residence: From:  To:

### Previous Address 2:

Street:

Suburb:  State  Postcode

Period of Residence: From:  To:

If more room is required for your previous address details, include them on page 8 in the additional information section of this application form.

### SECTION 3 – DRIVER LICENCE DETAILS

Driver licence no:  Expiry date:

Do you hold a full or probationary licence?  Full  Probationary

Note: You must hold a full Victorian Driver Licence to apply for a Driving Instructor Authority.

Have you ever applied for or held a Driving Instructor Authority?  Yes  No

If yes, what was your Authority Number?

Firearms Licence no. (if applicable):  Issued by:

### SECTION 4 – TRAINING DETAILS

What evidence type of completion of Certificate IV in Transport and Logistics are you providing? You must provide a certified copy of this evidence.  Course Completion Letter  Certificate of Completion

Road Transport – Driving Instruction – TLI41218

For which transmission type was this qualification obtained?  Manual  Automatic

Name of Registered Training Organisation:

Do you intend on instructing students under the age of 18 years on a regular basis?  Yes  No

If yes, you must attach a certified copy of your Working with Children Check card.

### SECTION 5 – PROOF OF IDENTITY (POI)

To meet identification requirements you must provide CPVV with 100 points of identity documents. If you provide copies of your Australian driver licence and one of the documents listed, both issued in the same name, you will satisfy the identification requirements.

For a full list of documents that can be used to achieve 100 points of identity please visit the CPVV website at [cpv.vic.gov.au](http://cpv.vic.gov.au)

Valid Australian driver licence



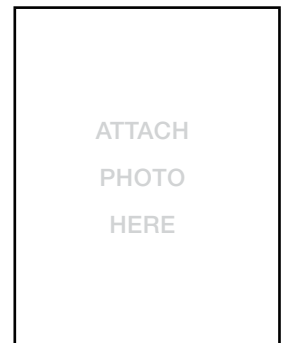
- Valid passport (not expired)
- Australian citizenship certificate
- Australian birth certificate

Please indicate (X) which document you plan to use.

### SECTION 6 – PHOTOS

Please provide two (2) passport sized photos (taken in the last 6 months) so CPVV can issue you with an Identity Card.

Please attach your photos in a way that ensures your face is clearly visible and not obscured. Use double sided tape or glue.



## SECTION 7 – DECLARATION, CONSENT & PRIVACY INFORMATION

I,   
(Surname)

(First name/s)

### CONSENT AND DECLARATION – APPLICATION FOR DRIVING INSTRUCTOR AUTHORITY

1. certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the information provided by me in this application may be considered when issuing a Driving Instructor Authority under the *Road Safety Act 1986 (Vic)* and during the term of any authority issued to me;
2. certify that the information provided by me to the medical practitioner in order to complete the medical certificate and vision acuity assessment in this application form was true, correct and complete;
3. consent to the ongoing checking by CPVV of any criminal, traffic, medical or other records kept by Victoria Police, VicRoads, the Department of Justice, the Sheriff's Office, any other government department or agency, any interstate or federal court or interstate law enforcement agency and to the release of information recorded against my name, including any matters, whether convicted or not, which may be deemed to be relevant to me holding a Driving Instructor Authority. Any matters that may be deemed to be relevant to me holding Driving Instructor Authority may include certified court extracts, the Law Enforcement Assistance Program (LEAP) narrative relating to an offence and/or the summary of offences obtained from the police brief of evidence;
4. consent to CPVV disclosing my medical information to an independent health professional or review panel and if my medical information is provided to such a professional or panel, I authorise them providing health information about me to CPVV;
5. consent to the disclosure of the status of my driving instructor authority to relevant industry participants and to members of the public; including whether my driving instructor authority is current, has expired, is the subject of lawful administrative action under the *Road Safety Act* and the result of that action;
6. if I am granted a Driving Instructor Authority, I accept that CPVV may receive complaints about my conduct as a driving instructor, that such complaints may be made by a person who is or may be aware of my identity (Complainant) and that CPVV may investigate the Complainant's complaint. I consent to CPVV, as the case arises and throughout the entire period of my driving instructor authority, disclosing to the Complainant the result of any such investigation;
7. will at all times hereafter sufficiently indemnify and keep indemnified the Chief Commissioner of Police and all employees of Victoria Police from all liability and against all actions, suits, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the release of any details of any convictions or other information relating to or involving me;

### INFORMED CONSENT – ACIC APPLICATION

8. consent to CPVV disclosing information in this application form to the Australian Criminal Intelligence Commission (ACIC) for the purposes of conducting a National Police History Check (NPHC) with respect to me;
9. declare that the occupation or entitlement being sought by me is 'Commercial Passenger Vehicles Victoria – Driving Instructor Authority' and that this occupation or entitlement is likely to involve contact with children or vulnerable groups such as the elderly;
10. acknowledge that my personal information is being collected for the purpose of requesting a NPHC from ACIC and police agencies, and for the assessment of my application for the issue or renewal of a Driving Instructor Authority;
11. understand that the purpose for which an NPHC is being undertaken is to enable CPVV to check my national police history in order to assess my application in accordance with the *Road Safety Act* and any Regulations made thereunder;
12. acknowledge that any information provided by me on this form relates specifically to the purpose of making and assessing my application. I acknowledge that any information provided by the police agencies or ACIC relates specifically to the purpose of me making this application and CPVV assessing it in accordance with the *Road Safety Act* or any Regulations made thereunder;
13. understand that the purpose for which I am seeking an NPHC may be in a category for which exclusions from Spent Conviction legislation may apply;
14. have read and understood the Fact Sheet accompanying my application;
15. understand that the meaning or nature of an NPHC is that information provided in this form will be disclosed to ACIC and police agencies for checking action and updating records held about me by ACIC and police agencies. ACIC and police agencies will access their records to obtain and disclose police history information that relates to me to CPVV. That information may include outstanding charges, warrant information and criminal convictions, findings of guilt or pleas of guilt recorded against me. Police history information is disclosed according to the applicable laws of the relevant jurisdiction and, in accordance with the relevant jurisdiction's information release policies. That may include spent convictions legislation;
16. understand that information will be disclosed to persons or bodies in accordance with applicable legislation and information release policies (including spent convictions legislation (however described in the Commonwealth, States and Territories) such as police and government agencies for the purposes of CPVV's or those agencies' lawful functions. I understand that personal information that I provide in this form may be disclosed to CPVV (including contractors or related bodies corporate) located in Australia or overseas;
17. understand that my personal information may be used for general law enforcement purposes and it is usual practice for an applicant's personal information to be disclosed to police agencies for law enforcement purposes including the investigation of any outstanding criminal offences;
18. confirm that I have fully and correctly completed this application form and that the personal information I have provided contains a correct description of my full name and any other names I have previously used, all of my residential addresses in the previous five years, driver's licence details and date and place of birth;
19. understand that I may dispute the Police History Information contained in my NPHC by contacting CPVV in the first instance and if I have any queries about the use, disclosure or collection of my personal information, I may contact CPVV's Privacy Officer by email at [privacy@cpv.vic.gov.au](mailto:privacy@cpv.vic.gov.au) or otherwise at the contact details contained on this form;
20. understand that the ACIC Privacy Officer can be contacted on (02) 6268 7000 or [privacy@acic.gov.au](mailto:privacy@acic.gov.au) or GPO Box 1573 Canberra City ACT 2601;
21. consent to:
  - a. ACIC and police agencies using and disclosing my personal information to conduct an NPHC;
  - b. The police agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies; and
  - c. ACIC disclosing the information sourced from the police agencies to CPVV;
22. acknowledge that any information sent, by mail or electronically, in relation to my form, including any identity documents, is sent at my own risk and I am aware of the consequences of these methods of lodgement.

## INFORMATION COLLECTION NOTICE – Privacy and Data Protection Act 2014

1. CPVV requires you to provide information about you including personal information and sensitive information as defined in the *Privacy and Data Protection Act 2014* (Information). The Information is required under the *Road Safety Act*. This information will be used for CPVV's functions and activities under the *Road Safety Act*, including assessing the application for Driving Instructor Authority and if the application is granted, in the monitoring of the person's ongoing suitability to hold a Driving Instructor Authority. If it is not provided, the application could be delayed or refused. The Information may also be used for other purposes under the *Road Safety Act* such as for CPVV's lawful regulatory purposes, including the prevention, detection, investigation, prosecution or punishment of criminal offences or misconduct.
2. CPVV usually discloses the Information to related transport bodies or associations and government agencies such as ACIC, Victoria Police, other police agencies, VicRoads and CPVV's medical panel any other government agency or other persons whose activities are relevant to CPVV's functions under the *Road Safety Act*. The disclosure is for the purposes of the statutory functions of either CPVV or these government agencies or other bodies or persons.
3. You may gain access to the information by contacting or writing to CPVV at the phone numbers or addresses found below.
4. CPVV has a Privacy Policy and this is available on CPVV web site at [www.cpv.vic.gov.au/about-us/privacy-policies](http://www.cpv.vic.gov.au/about-us/privacy-policies). Alternatively you may ask CPVV for a copy of the Privacy Policy at any time or ask that it be sent to you.

### DECLARATION – Please indicate (x) next to the following questions:

#### TRAFFIC OFFENCES AND INFRINGEMENTS

- Have you been fined, convicted or found guilty of any traffic offences or infringements?  Yes  No
- Has your driver licence ever been suspended or cancelled for any reason?  Yes  No
- Have you ever been notified that you have incurred demerit points for traffic offences or infringements?  Yes  No
- Have you been charged with any traffic offence/s where the charge/s has not yet been determined?  Yes  No

#### CRIMINAL OFFENCES

- Are you subject to any reporting obligations under Sex Offenders Legislation?  Yes  No
- Have you in Victoria or elsewhere, ever been fined, convicted or found guilty of any criminal offences?  Yes  No
- Have you ever been placed on a good behaviour bond, community based order or on probation?  Yes  No
- Have you been charged with any criminal offence/s where the charge/s has not yet been determined?  Yes  No
- Are you subject to any reporting obligations under Part 3 of the *Sex Offenders Registration Act 2004* (Vic.) or an extended supervision order under Part 2 of the *Serious Sex Offenders Monitoring Act 2005* (Vic.)?  Yes  No

If you answered yes to any of the above questions you must attach a separate page outlining the full details.

Please ensure you have read the following 2 statements and tick 'Yes' to confirm.

- I have read and understand the application requirements outlined in the fact sheet.  Yes
- I give consent and make the declarations described above in Section 7 of this application form.  Yes

Applicant's  
Signature:

Date:

DD / MM / YY

**Parent/Guardian Consent** – If you are under 18 years of age provide consent below from a parent/guardian.

Parent/Guardian  
name printed in full:

Parent/Guardian  
Signature:

#### POI VERIFICATION – (OFFICE USE ONLY)

**NOTE: To be completed by CPVV.**

I declare that I have sighted the Applicant's documents and that the Applicant has met the Minimum Identity Requirements above for the purpose of conducting a National Police History Check. I am satisfied as to the correctness of the Applicant's identity.

Signature of Authorised Checking Officer:

Printed Name / Stamp of Authorised Checking Officer:

Date:

DD / MM / YY

### SECTION 8 – PAYMENT AUTHORISATION

The authorisation on this form will only be used once. Credit card information will not be stored for future use. Visa or Mastercards only, AMEX not accepted. Once payment is processed by CPVV, a receipt will be forwarded to the address provided.

Date:

Amount:

Name on Card:

Signature:



Card Number:

Expiry Date:

## ADDITIONAL INFORMATION



# MEDICAL ASSESSMENT

## (REGISTERED MEDICAL PRACTITIONER TO COMPLETE)

Applicant's Victorian driver licence number

This medical examination must be conducted in accordance with the national medical standards described in the current Assessing Fitness to Drive Guidelines (The guidelines). These guidelines are available from [austroads.com.au](http://austroads.com.au). The guidelines detail the examination process and the medical criteria for fitness to drive.

**Driving instructor authority holders must meet the commercial vehicle driver standards.**

### Indemnity

State legislation provides legal indemnity to medical practitioners who conduct an examination and provide CPVV with an opinion based on that examination.

### Criminal liability and insurance

Practitioners may be liable under civil law, in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of medical practitioners and may reasonably expect medical practitioners to comply with the national medical standards.

### Conditions and restrictions

Medical practitioners may recommend conditions which may enhance driver competency or safety and allow the patient to continue to drive (eg. corrective lenses). If you recommend a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional authority will not be considered.

For more information about conditional licences please refer to the guidelines.

If you believe that vehicle modifications are necessary (for example hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, a driver assessment will be necessary as the patient will need to demonstrate the ability to drive safely with these restrictions.

If you have any doubts about the information required, or wish to discuss the case personally, please contact CPVV directly. CPVV may not accept a medical certificate if it is illegible. Care should be taken to ensure that all relevant details have been completed and can be read.

### Please complete all fields in BLOCK LETTERS

Applicant last name

Applicant first and middle name/s

Date of birth

I certify that I have examined the above mentioned patient (who is applying for driving instructor authority) in accordance with the relevant national medical standards for licensing of commercial passenger vehicle drivers as set out in the guidelines. In my opinion the patient (please tick):

- Meets the relevant medical criteria for an unconditional authority and requires no further assessment
- Does not meet the medical criteria for an unconditional or conditional authority (provide details of criteria not met in space over page)
- Does not meet the medical criteria for an unconditional authority but may be suitable for a conditional authority based on information noted below (provide details of criteria not met, proposed restrictions or conditions such as the requirement to wear corrective lenses while providing the services of a driving instructor, suggestions for management and/or periodic review in space over page)
- Requires appropriate specialist assessment (provide details of type of specialist recommended/referred to in space over page)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Sleep Specialist | <input type="checkbox"/> Neurologist            |
| <input type="checkbox"/> Psychiatrist    | <input type="checkbox"/> Cardiologist     | <input type="checkbox"/> Occupational Therapist |
- Other

# MEDICAL ASSESSMENT

## (REGISTERED MEDICAL PRACTITIONER TO COMPLETE)

Details of medical criteria not met; restrictions; management plans in place/recommended; review periods and requirements for further assessment below:

Must wear corrective lenses while providing the services of a driving instructor (tick if appropriate)

### REGISTERED MEDICAL PRACTITIONER DETAILS

Medical practitioner's full name

Practice address  
(if not part of stamp)

Provider number

Phone number

Signature

Date of examination     
D D M M Y Y Y Y

MEDICAL PRACTITIONER STAMP HERE

### DECLARATION & CONSENT OF PATIENT (Applicant to complete)

I, the above named patient and applicant for driving instructor authority, declare that I disclosed my full medical history to the above mentioned registered medical practitioner, and consent to the examining medical practitioner providing information to Commercial Passenger Vehicles Victoria and/or VicRoads, and I understand that I shall be responsible for any medical expense incurred in connection with the compilation of the above medical assessment.

Applicant's signature

Date     
D D M M Y Y Y Y

Check the form for completeness before leaving the medical practitioner's office.