



An Initiative of *QUEENSLAND YOUTH SERVICES*

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LEARNER DRIVER NAME: _____

MENTOR NAME: _____

DATE OF LESSON: _____

COMMENCEMENT TIME: _____ TIME COMPLETED: _____

Instructions covered during lesson:

- | | |
|--|--|
| <input type="checkbox"/> Vehicle Control | <input type="checkbox"/> Reversing |
| <input type="checkbox"/> Cabin Drill | <input type="checkbox"/> Right Angle Parking |
| <input type="checkbox"/> Starting up Procedure | <input type="checkbox"/> Reverse Parallel Parking |
| <input type="checkbox"/> Moving Off Procedure | <input type="checkbox"/> U Turns, (Left, Right and 'T' junction) |
| <input type="checkbox"/> Gear Changing | <input type="checkbox"/> Turnarounds (formally known as 3 point turns) |
| <input type="checkbox"/> Steering Control | <input type="checkbox"/> Lane Changing, Merging, Entering Freeways, Form 1 Lane |
| <input type="checkbox"/> Turns, Left and Right | <input type="checkbox"/> Overtaking |
| <input type="checkbox"/> Speed Control | <input type="checkbox"/> Observation Skills, Visual Searching and Scanning, Hazard Recognition |
| <input type="checkbox"/> Slowing Procedure | <input type="checkbox"/> Compliance with the System of Vehicle Control |
| <input type="checkbox"/> Stopping Procedure | <input type="checkbox"/> Driving On Busy and/or Unfamiliar Roads |
| <input type="checkbox"/> Hill Starts | |
| <input type="checkbox"/> Give Way Rules | |

Comments: _____

On completion of lesson, please submit to 'Keys to a Future' Coordinator for refund of fuel.
Submit via :-

Email: resourceofficer@gldyouthservices.org.au

Fax: (07) 4721 5804

Post: PO Box 573
TOWNSVILLE QLD 4810

OR

Hand in at: 211 Sturt Street
TOWNSVILLE QLD