



Leicester, Leicestershire and Rutland Wheels 2 Work Scheme Application form

Part 1 – about you

Name: _____ Age: _____

Home address: _____

_____ Postcode: _____

Tel No, Home: _____ Mobile: _____

E-mail: _____

Please provide an alternative contact and telephone number:

(Parent/Carer/Guardian): _____ Tel No: _____

1. How did you find out about us? _____
2. Are you currently unemployed, working, going to college or on an apprenticeship (If other please specify)? _____
3. If you are or have been unemployed recently, how long have you been unemployed for (please tick one):
3+ months , 6+ months , 9+months, 12+ months, 24+ months , 36+ months
4. If the above is not applicable, please specify why? (E.g. currently employed, college leaver, etc.) _____

Part 2 –about you and your household

Are you or any member of your household currently in receipt of support or claim for any of the following? (Please tick all that apply)

	You	Your household		You	Your household
Free school meals			Housing benefit		
Child benefit			Free child care		
Council tax reduction			Help with paying for child care		
Job Seekers Allowance			Child Tax Credit		
Youth Offending Service			Working Tax Credit		
Are you a carer			Young person in care		
Statement or Learning Disability Assessment (LDA)			Statement of Special Educational Need (SEND)		

Part 3 - your current travel arrangements and preferred travel choice

1. How do you currently travel for work, education, Leisure and shopping (please tick all that apply)

Work		Education		Leisure		Shopping	
Walking		Walking		Walking		Walking	
Cycling		Cycling		Cycling		Cycling	
Public Transport		Public Transport		Public Transport		Public Transport	
Car share (driver)		Car share (driver)		Car share (driver)		Car share (driver)	
Car share (passenger)		Car share (passenger)		Car share (passenger)		Car share (passenger)	
Other		Other		Other		Other	

2. Please give us details of what public transport is available (it is not sufficient to write "none", what is the nearest service, how often does it run, how far away does it stop etc.) _____

3. Do you have access to any form of transport? E.g. (Bicycle, getting a lift from a relative, friend or colleague.) _____

4. Which form of transport are you looking to hire? (please circle)

Pedal bicycle Electric bicycle Electric Scooter 50cc Petrol Scooter
125cc Petrol Scooter

5. Why have you chosen that form of transport over the others?

Part 4 - Employer/Education Information:

Name of Employer/ College: _____

College/work Address: _____

Post code: _____ Tel N^o: _____

Job Title: _____

1. Please give us details about the job/ course/ Qualifications/ Skills you are seeking: _____

2. What is the proposed start date? _____

3. How long will the job/course last? _____
4. What time do you start/finish on your first day? _____
5. How many miles will you have to travel each way? _____
6. What sector of work will you be going into? (Please tick one)

Accountancy, Banking & Finance	<input type="checkbox"/>	Charity & Voluntary Work	<input type="checkbox"/>
Business, Consulting & Management	<input type="checkbox"/>	Creative arts & design	<input type="checkbox"/>
Energy & utilities	<input type="checkbox"/>	Engineering & Manufacturing	<input type="checkbox"/>
Environment & agriculture	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Hospitality & events management	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>
Law	<input type="checkbox"/>	Law Enforcement & Security	<input type="checkbox"/>
Leisure, sport & tourism	<input type="checkbox"/>	Marketing advertising & PR	<input type="checkbox"/>
Media & internet	<input type="checkbox"/>	Property & Construction	<input type="checkbox"/>
Public services & administration	<input type="checkbox"/>	Recruitment & HR	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Sales	<input type="checkbox"/>
Science & pharmaceuticals	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
Teacher training & education	<input type="checkbox"/>	Transport & logistics	<input type="checkbox"/>

7. Please circle which of the below best describes your work situation (multiple may be correct);

Full-Time Part Time Shift work 0-hr Contract

8. Please circle **one** of the below that best represents your average weekly earnings:

£0-135 £136-200 £201-300 £301-400 £401+

Part 5 – DVLA and rider/driver history

	Yes (y) or No (n)
Have you ever ridden a bicycle/moped/motorcycle?	<input type="checkbox"/>
Have you ever driven a car?	<input type="checkbox"/>
Do you have a valid full/provisional driving licence?	<input type="checkbox"/>
Do you hold a valid C.B.T. Certificate?	<input type="checkbox"/>

Please give your licence number, categories, expiry date, any endorsements with dates and offence codes.

Licence number: _____ Categories: _____

Offence codes: _____ Date of expiry: _____

Please attach a COPY of your plastic photo card driving licence and CBT certificate (if held) to this application. You will also need to provide this office with a DVLA downloaded PDF Summary of Driving Record or a DVLA generated unique one time code which will enable us to access your Driving Record on line via DVLA. Please find instructions attached.

Answers to the following questions are required under the conditions of our insurers and will constitute part of the terms and conditions of the scooter loan. Please answer "yes" or "no" to the questions below. If the answer is "yes" to any question please give details.

Failure to disclose any information required could result in lack of insurance cover, termination of the loan agreement and prosecution.

1) Have you ever been involved in a motor accident or made a claim against a motor insurer in the last 3 years? **Yes/No** Details : _____

2) Have you ever been convicted of any motoring offences or had a bad licence suspended in the last 5 years, or have a prosecution pending? **Yes/No** Details: _____

3) Have you been convicted of any offences involving dishonesty of any kind e.g. fraud, robbery, theft, arson or handling stolen goods? **Yes/No** Details : _____

4) Have you ever suffered from any physical or mental infirmity, diabetes, heart Conditions or fits? **Yes/No** Details : _____

5) Have you ever been refused, quoted an increased premium or had special terms imposed by an insurance company? **Yes/No** Details : _____

6) Have you been a resident in the United Kingdom for less than 3 years? **Yes/No** Details : _____

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian if under 18: _____

Please return your completed form to:

Rob Bindloss
C/O Wheels to Work,
Parkside, Station Approach,
Burton Street,
Melton Mowbray,
Leicestershire,
LE13 1GH

The purpose of this application is to make full assessment of your needs and suitability for a loan of a machine. If you are accepted onto the scheme your answers will be considered to constitute part of the agreement between yourself and the scheme.

Please note that scooter rental prices can vary, and that you will need to speak with the W2W team for an up-to-date price list.

If you have any questions about the scheme or about the application form please contact me on: 07917592621

N.B. Any changes to your circumstances after completing this application must be reported immediately to the Wheels 2 work Co-ordinator.

Create a Unique One-time Code and Download a DVLA PDF Summary of Driving Record

Option 1

1. Access www.gov.uk/view-driving-licence
2. Click View now
3. Input: your Driving Licence Number
your National Insurance Number
your Post Code on your licence
4. Tick box consenting to DVLA checking your personal details, click View Now
5. Then select 'Share your licence' (right hand tab)
6. Click Create a Code to get a Licence Check Code
7. Click View, Print or Save licence information

Either: Print a hard copy and forward with your application form

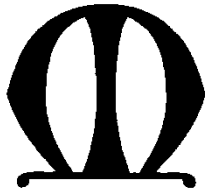
Or

Save a copy and email to w2w@melton.gov.uk

Option 2

At Step 6 above you will be presented with a unique one-time code which will be **valid for 21 days only**. You can email this code to w2w@melton.gov.uk immediately after you have created it or send it with your application form.

If you have any problems with this please contact this office on 01664 502388/504234, mobile 07917592621



EQUALITIES MONITORING

The information which you provide on this form is for statistical purposes only and will be separated from the main application form upon receipt. The information will help us to ensure that all members of the community have access to the scheme.

Name: Date:

Date of Birth:Where did you see the scheme advertised?

Gender:

Male Female Transgender Prefer not to state

How would you describe your Sexual Orientation?

Bi-Sexual	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Gay (Male)	<input type="checkbox"/>	Prefer not to state	<input type="checkbox"/>
Gay (Female/Lesbian)	<input type="checkbox"/>	Other	<input type="checkbox"/>

The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities’

Do you have a disability? Yes No

Are there any adjustments which need to be made for the purpose of the scheme?

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How would you describe your ethnic origin?

White

British

Irish

Any other white background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Black or Black British

Caribbean

African

Any other Black background

Chinese or Other Ethnic Group

Chinese

Any other Ethnic group

How would you describe your Religion or Beliefs?

Buddhist

Christian (All Denominations)

Hindu

Jewish

Muslim

Sikh

None

Other

Prefer not to state

Atheist

About your current level of activity:

i. In the **past week**, tell us the **number of days** on which you have done **a total of 30 minutes** or more of physical activity, which was enough to make you breathe faster?

Number of days: 0 1 2 3 4 5 6
7

ii. Tell us about your travel behaviour. How often do you travel by the following modes of transport?

	Daily	2-3 times a week	Once a week	Monthly	Rarely	Never
Walk						
Run						
Cycle						
Bus						
Train						
Motorbike						
Carshare						
Car (single occupancy)						

Equal Opportunity Monitoring is carried out to enable the Council to evaluate the effectiveness of the Equal Opportunity Policy and related personnel practices and policies.

The information supplied on this form will only be used by Melton Borough Council, Leicestershire County Council and Leicester City Council for monitoring purposes only. It will not be disclosed to any third party except where the law requires us to do so, and will be kept in a confidential manner.