



Application Form

Reason for Application:	Work []	Education []	Training []
--------------------------------	----------	---------------	--------------

Name of Applicant:	
Address :	
Postcode:	Email:
Home Tel No.:	Mobile No.:
Date of birth:	Age:
Clean, current driving licence: Yes / No	Type: Full / Provisional

If you were referred by an agency, please provide contact details:

Employer / College or Training Provider (Proof of employment, education or training must be attached)	
Name of Employer / College / Training Provider:	
Address:	
Postcode:	Tel No.:
Contact name:	Start date:
Is your employment / education / training : Permanent [] Temporary [] Casual []	
If temporary or casual, how long is the job / education / training expected to last:	
How many hours per week will you be working / learning / training:	

Please complete the following table with your start and finish times.
 (If you work shifts or your start and finish times vary, just insert your earliest start and latest finish time.
 If you work different days, just fill in all the days you may be expected to work. The same applies for college and training. List the days and times you are expected to attend.)

Day	Start Time	Finish Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please complete the checklist below by ticking the boxes. If any of your answers are no, you may not be eligible to apply to the scheme at this time.

Condition	Yes	No
I live in Kent and the household pays council tax.		
I have a firm offer of a job, apprenticeship or training course OR I am already in work, training or college (please attach proof).		
I have checked, and there is no easy public transport for my journey.		
I have checked the route and it is too far and/or unsuitable to cycle.		
I am aged 16+.		
If under 18 years - I have attached written support & permission from a parent / guardian.		
I have either a provisional or full driving licence or I have applied for a provisional licence.		
I am willing to undertake the Compulsory Basic Training (CBT) that is required by law.		
I am able to afford the monthly administration fee of £121.33 (50cc moped) or £156.00 (110cc moped). Please say which you are applying for here:		
I have a bank account and will set up a regular monthly payment to cover the administration fee when accepted onto the Scheme.		
I can pay the insurance excess of £100.00 in the event of an accident, damage or theft.		
I will have an alternative transport plan in place by the end of my time on the scheme.		
I understand the maximum loan period for Wheels 2 Work is 12 months.		
I have read and am prepared to comply with the Terms & Conditions of the Scheme.		

I declare the information given is true to the best of my belief. I am able to answer yes to the above questions and would like to apply to join the Kent Wheels 2 Work Scheme.

Applicant's signature:	Date:
------------------------	-------

If the applicant is aged 16 or 17 years, Parent / Guardian to complete:

Parent/Guardian signature:	Date:
Name:	Relationship to Applicant:

Please ensure that you send the copies of your proof of employment and/or training, a copy of your driving licence and, if under 18 years, consent from a parent / guardian with your application form to:

Wheels 2 Work, c/o ESRPT,
Tandridge District Council Offices,
8 Station Road East,
Oxted, Surrey RH8 0BT

or send by email to: w2w@esrtp.org.uk

All applications will be treated in the strictest confidence.