



## APPLICATION FORM

Reason for Application	F / T EMPL	P / T EMPL	EDUCATION	TRAINING
	Please state reason if none of the above apply			

<b>Name of Applicant</b>				
Address				
Postcode	E Mail Address			
Date of birth	Age			
Tel No	Mobile No			
Clean, current driving licence	Yes / No		Full / Provisional	
How did you hear about the scheme?				

<b>Name and Address of New Employer / College or Training Provider</b>	A copy of the letter offering either employment, a place at college or training <b>must</b> be attached			
Employer / College / Training Provider				
Address				
Postcode				
Tel No	Start Date			
Is your employment / education / training	Permanent	Temporary	Casual	
If temporary or casual, how long is 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 what your earliest start and latest finish will be. If you work different days, just fill in all the days you may be expected to work. 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 confirm you are eligible to apply for this scheme by completing the following the check list. To apply for this scheme, you must be able to answer yes to all of the following:

Condition	Yes	No
I live in South Yorkshire.		
I have a firm offer of job or training which is no more than 40 miles daily round trip from my home		
I have checked there is no suitable public transport available which meets my need		
I am aged 16+		
I have the support & permission of parents / guardians if I am 16 or 17		
I have either a provisional or full driving licence		
I am willing to undertake the CBT Training that is required by law		
I am able to afford the initial administration fee of £50 and usage charges of £40 per month		
I have a bank account & I am willing to pay the monthly usage charges by direct debit		
I can cover the Insurance excess of £250.00 in event of a claim		
I will have an alternative transport plan in place by the end of the scheme		
I understand the maximum loan period for Wheels 2 Work is six months		
I am prepared to comply with the Terms & Conditions of the scheme		

I am able to answer 'Yes' to the above questions and would like to apply to join the scheme:

Applicant's signature	
Date	
Parents signature: (If applicant is aged 16 or 17 years old)	
Name (please print)	
Relationship to applicant	

Please post the completed form and a copy of your letter offering employment, training or a place at college to: **South Yorkshire Wheels 2 Work, c/o Sheffield Community Transport, 10 Montgomery Terrace Road, Sheffield S6 3BU**

All applications will be treated in the strictest confidence

