

# Community First New Forest

## Hampshire Wheels to Work Moped Loan Scheme Application Form

**1.** Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Date of Birth \_\_ / \_\_ / \_\_\_\_ Age \_\_\_\_ Male  Female

Home telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-Mail \_\_\_\_\_

**2.** Referring Agency/Employer \_\_\_\_\_

Name of referring person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Self referral - Yes  No

Where did you hear about the scheme? \_\_\_\_\_

**3.** Name of Guarantor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Email address \_\_\_\_\_

I have read and accept the terms and conditions of the Guarantor agreement

Signature of Guarantor \_\_\_\_\_ Date \_\_\_\_\_

**4.** Date from which moped is required \_\_\_\_\_

**5. Applicant's situation**

Please indicate, by ticking the boxes below any of the following criteria that applies

- |  |  |
|--|--|
| <input type="checkbox"/> Lives in rural area           | <input type="checkbox"/> No private transport**                    |
| <input type="checkbox"/> No suitable public transport* | <input type="checkbox"/> Need to find employment/attend interviews |
| <input type="checkbox"/> To access work based training | <input type="checkbox"/> To access employment                      |

\*Please give details as to why the public transport is not suitable.

\*\*Is it possible for the hirer to obtain a lift from a friend / colleague?

**6.** Place of employment/work based training/job centre \_\_\_\_\_

Name of employer/work based training \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone no \_\_\_\_\_

**7.** Distance of journey from home to employment/training in miles/km \_\_\_\_\_

**8.** How will the moped loan make a positive difference to your life?

**9. Long term transport plans**

The loan period is 3 or 6 months depending on circumstances. This may be extended to a maximum of one year at our discretion. During the loan period, users should be preparing alternative transport plans for when the scheme comes to an end. Please outline below your plans for future travel to work.

**10.** Driving licence and Compulsory Basic Training (CBT).

Do you hold a full/provisional licence with motorcycle entitlement? Yes  No   
*NB. You are responsible for providing your own licence.*

If yes, please give licence number \_\_\_\_\_

Have you ever ridden a moped/motorcycle ? Yes  No

Do you hold a valid CBT Certificate Yes  No  Date of CBT certificate \_\_ / \_\_ / \_\_\_\_

CBT certificate number \_\_\_\_\_

**11.** Please add any additional information below which you feel may help and support your application.

**Please return the completed form to: Wheels to Work Moped Loan Scheme  
Community First New Forest  
Archstone House  
Pullman Business Park  
Pullman Way  
Ringwood  
BH24 1HD**

**Tel: 0845 521 6405**

**Email: [mopedadmin@cfnf.org.uk](mailto:mopedadmin@cfnf.org.uk)  
[www.cfnf.org.uk](http://www.cfnf.org.uk)**

# Community First New Forest

## Hampshire Wheels To Work Moped Loan Scheme Insurance Form

In the event that the application is successful, Community First, New Forest will make an application for fully comprehensive insurance on your behalf. The insurance premium will be paid for by the Moped Scheme, and any claims should be made via the Community First New Forest.

*Please note that you may be asked to make a contribution towards repair costs in the event of damage to the moped caused by negligence.*

**Please indicate by ticking boxes below**

	Yes	No
Have you ever been involved in a motor accident or made a claim against a motor insurer in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of any motoring or other offences, or had a licence suspended in the past five years, or have any prosecutions pending?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any physical or mental infirmity, diabetes, heart condition or fits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused, quoted an increased premium or had special terms imposed by an insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been resident in the United Kingdom for less than three years?	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of the above is 'yes', it may not exclude you from the scheme, but you must give full details on a separate securely attached sheet.**

**Your application will be subject to approval by the Insurance Company.**

**IF ANY OF THE ABOVE CHANGES BEFORE OR DURING THE HIRE PERIOD, IT IS YOUR RESPONSIBILITY TO INFORM COMMUNITY FIRST NEW FOREST IMMEDIATELY.**

I declare that to the best of my belief all the statements made above are true and complete and all other information I have given relating to my application for a moped loan is true, correct and complete and that I have not withheld any material fact which might influence an insurer in the acceptance of the risk. I understand that any misrepresentation or change in circumstances could result in the withdrawal of the moped loan.

Signed (applicant) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

**Return the completed form to Wheels to Work Moped Loan Scheme, Community First New Forest, Archstone House, Pullman Business Park, Pullman Way, Ringwood BH24 1HD**

I confirm that this form was completed with my assistance and that the applicant fully understood the form.

Signed (referring agent) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Date \_\_\_\_\_