



# Kickstart Application



## Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Are you applying for: (please tick)

- A The LOAN scheme
- B The GIFT scheme
- C Both/Unsure

How did you hear about the Kickstart scheme? \_\_\_\_\_

\_\_\_\_\_

## Employment & Training Details

Are you currently:- (please tick all those that apply)

- Employed/Apprenticeship
- Have secured employment/apprenticeship but not yet started
- On Training Course
- In Education
- Unemployed but seeking employment/training place

Please give details of your employment/training:- e.g. job role, course qualification

\_\_\_\_\_

\_\_\_\_\_

Please give contact details of your employer/training establishment:-

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_

Contact person: \_\_\_\_\_

When did you start this job/course?

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How long will this job/ course last?

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### Your Current Travel Arrangements

How do you/will you get to work/training? e.g. bus, bike, walk, lift from friend or family

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How many miles do/will you travel each way?

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Do you currently hold a valid driving licence? (please tick)

Full

Provisional

No

Please note that if you do not have a driving licence, your application will not be assessed until you hold one

Please provide the following details:-

Licence No:

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Date of Expiry:

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Offence codes:

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Do you currently hold a valid CBT certificate? (please tick)

Yes

No

### Vehicle Insurance

Please answer "yes" or "no" to the following questions which are required by our insurers and will constitute part of the terms and conditions of a loan. If you answer "yes" to any question, please provide further details. Failure to disclose any information required could result in lack of insurance cover, termination of the vehicle loan and prosecution.

1. Have you ever been involved in a motor accident or made a claim against a motor insurer in the last three years?
2. Have you been convicted of any motoring offences or had a licence suspended in the past five years or have any prosecutions pending?
3. Have you been convicted of any offences involving dishonesty of any kind e.g. fraud, robbery, theft, arson or handling stolen goods?
4. Have you ever suffered from any physical or mental infirmity, diabetes, heart condition or fits?
5. Have you ever been refused, quoted an increased premium or had special terms imposed by an insurance company?
6. Have you been a resident in the United Kingdom for less than three years?

I, the undersigned, have completed this application form and to the best of my knowledge the information is correct. If any of this information changes I will inform Kickstart immediately.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

If the applicant is under the age of 18 a parent or guardian must sign this application form.

Signature of parent/guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Phone no: \_\_\_\_\_

Please return the following to us:-

- This application form, completed and signed
- A photocopy of **BOTH** parts of your driving licence – the paper part and the photocard
- A photocopy of your CBT certificate (if applicable)
- Kickstart Referee form
- Equal Opportunities form

Kickstart  
2 Wharfedale Road  
Ipswich  
IP1 4JP

### What happens next?

Once we have received your application form we will assess your situation based on the information you have provided in this form. Your application will be dealt with as soon as possible and we will then contact you.

If you have any questions about completing this form or about Kickstart, please contact us:-

By phone: 01473 242500

By e-mail [kickstart@suffolacre.org.uk](mailto:kickstart@suffolacre.org.uk)

The Kickstart is funded by East of England Development Agency's Economic Participation Funding - Investing in Communities Programme and Suffolk County





# Kickstart



## APPLICANT REFERENCE FORM

To ensure the Kickstart project assists the most disadvantaged people each applicant will require an independent character reference, which will be used as part of the assessment process.

Name of applicant: \_\_\_\_\_

Name of referee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

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

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel that the applicant is suitable for the Kickstart loan Scheme?

(Please give a brief character description of the applicant)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of referee: \_\_\_\_\_



# Kickstart



Applicants are asked to provide additional details about themselves to assist Suffolk ACRE in operating its Equality and Diversity Policy. The details supplied will be kept strictly confidential and will not be disclosed for any purpose other than monitoring the Equality and Diversity Policy. Analysis of the information will not be in a form that identifies an applicant nor will it be used in selecting that applicant for a moped.

(Please tick)

**Gender**      Male            Female            Unknown     

**Age Group**

|          |                          |
|----------|--------------------------|
| Under 18 | <input type="checkbox"/> |
| 18-25    | <input type="checkbox"/> |
| 26-49    | <input type="checkbox"/> |
| 50+      | <input type="checkbox"/> |
| Unknown  | <input type="checkbox"/> |

**Ethnicity**

|                               |                           |                          |
|-------------------------------|---------------------------|--------------------------|
| Asian or Asian British        | Indian                    | <input type="checkbox"/> |
|                               | Pakistani                 | <input type="checkbox"/> |
|                               | Bangladeshi               | <input type="checkbox"/> |
|                               | Any other                 | <input type="checkbox"/> |
| Black or Black British        | Caribbean                 | <input type="checkbox"/> |
|                               | African                   | <input type="checkbox"/> |
|                               | Any other                 | <input type="checkbox"/> |
| Chinese or other ethnic group | Chinese                   | <input type="checkbox"/> |
|                               | Any other                 | <input type="checkbox"/> |
| Mixed                         | White and Black Caribbean | <input type="checkbox"/> |
|                               | White and Black African   | <input type="checkbox"/> |
|                               | White and Asian           | <input type="checkbox"/> |
|                               | Any other                 | <input type="checkbox"/> |
| White                         | British                   | <input type="checkbox"/> |
|                               | Irish                     | <input type="checkbox"/> |
|                               | Any other                 | <input type="checkbox"/> |
| Unknown                       |                           | <input type="checkbox"/> |

**Disability**

|         |                          |
|---------|--------------------------|
| Yes     | <input type="checkbox"/> |
| No      | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> |

**Lone Parent**

|         |                          |
|---------|--------------------------|
| Yes     | <input type="checkbox"/> |
| No      | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> |