PLEASE COMPLETE ALL INFORMATION CLEARLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  | **First Name (s)**  | **Surname**  | **D.O.B** | **Staff Number** | **N.I. Number** |
|  |  |  |  |  |  |
| **Private Address** |  |
| **Email Address** |  |
| **Department** |  |
| **Work Address** |  |
| **Contact Telephone Number** |  |
| **Post Held** |  |
| **Do you currently have a Leased Car?** | **Tick YES** **NO** |

|  |
| --- |
| **The option to enter into the car leasing scheme is only open to WHSCT employees who satisfy one of the following criteria. Please tick the criteria applicable to you. If no criteria match please provide additional information to support application.** |

|  |  |  |
| --- | --- | --- |
|  | **Tick** | **Manager Signature** |
| 1. Drive at least 3,500 business miles a year
 |  |  |
| 1. Use a vehicle 156 days of the year plus travel at least 1,250 miles
 |  |  |
| 1. Use a vehicle 208 days of the year plus travel at least 1,000 miles
 |  |  |
| 1. Spend an average of at least 50% of their time on business travel, including the duties performed during the visits.
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No of Personal Miles required per Annum** | **No. of Business Miles required Per Annum (this will be verified by Payroll Dept)** | **I certify that this is a true and fair assessment of miles required for this employee****Manager Signature** | **Manager Print Name** |
|  |  |  |  |

|  |
| --- |
| **Finance Use Only** |
| **Annual Business Miles Claimed****(Supplied by Payroll)** | **Band 4** **Signature** | **Corporate Financial****Accountant****Signature** |
|  |  |  |

|  |
| --- |
| If number of business miles requested per annum will differ from the amount confirmed by payroll please give reason below: |

Vehicle Details

|  |
| --- |
| **Option 1** |
| Make | Model | Engine Size | Fuel Type | Body Colour |
|  |  |  |  |  |
| Upholstery Type/Colour | Optional Extras |
|  |  |

|  |
| --- |
| **Option 2** |
| Make | Model | Engine Size | Fuel Type | Body Colour |
|  |  |  |  |  |
| Upholstery Type/Colour | Optional Extras |
|  |  |

|  |
| --- |
| **Option 3** |
| Make | Model | Engine Size | Fuel Type | Body Colour |
|  |  |  |  |  |
| Upholstery Type/Colour | Optional Extras |
|  |  |

**Applicant Signature** Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager Approval**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return completed form to Financial Accounting Department, Car Leasing Team, Admin Offices, Gransha, L’Derry, BT47 6WJ or alternatively scan and email a copy of this form to both of the email addresses below:

beverley.curry@westerntrust.hscni.net donna.gallagher@westerntrust.hscni.net