

DISTRICT CONSULTATION SUB-COMMITTEE APPLICATION FORM



Applicant Information					
Name		Surname		Title	DOB
Address					
				Postcode	
Phone		Email			

Employment	
What sector do you work in?	
If not currently working	Retired <input type="checkbox"/> In full time education <input type="checkbox"/> Jobseeker <input type="checkbox"/> Other <input type="checkbox"/> _____

Memberships	
Have you ever been elected to serve on a District, Town or Parish Council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, which council?	When?
Please list any groups or organisations you are involved with (e.g transport, disability, older people or BME groups)	

Travel Habits	
What is the usual purpose of your journey on public transport? (Please tick all that apply)	
Work <input type="checkbox"/> Education <input type="checkbox"/> Health Facilities <input type="checkbox"/> Shopping <input type="checkbox"/> Leisure <input type="checkbox"/> Visiting Family/Friends <input type="checkbox"/>	
Other <input type="checkbox"/> _____ I don't use public transport <input type="checkbox"/>	
How often do you use the following modes of transport? (Please tick <u>one</u> option per row)	
Bus	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Rail	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Car	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Cycle	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>

Walk (at least 20 mins a day)	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Taxi	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Community Transport	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>
Other _____	Daily <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> 2-3 days a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a fortnight <input type="checkbox"/> Once a month <input type="checkbox"/> Never <input type="checkbox"/>

Please tell us why you would like to be a member of the District Consultation Sub Committee and how you think you can represent the interests of local transport users

Where did you hear about this opportunity?

Bus Station Rail Station Bus Stop Website Social Media Metro Messenger Metroline
Other _____

Equal Opportunities

Do you consider yourself to have a disability? Yes No Prefer Not to Say

Do you have any needs or requirements which we need to be aware of? (e.g. wheelchair user, BSL interpreter, information in alternative formats) Yes No Prefer Not to Say

If yes, please give details:

How would you define your ethnic origin?

White / White British Asian / Asian British Black / Black British Mixed/Multiple ethnic groups
Prefer not to say Other, please specify _____

Preferences for Meeting Times

The committee meetings will take place during a weekday. What is your preference for the time that each meeting should start? (Please tick all that apply)

11am 2pm 5pm 6pm 7pm Other _____

Signature

Date

The deadline for applications is **8 September 2017**

Please return this form by post to:

Angie Shearon, Governance Services Manager
Governance Services
West Yorkshire Combined Authority
Wellington House
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Leeds
LS1 2DE

Or by email to: governanceservices@westyorks-ca.gov.uk