

Inclement Weather Conditions Register – Application Form

If help is required to complete this application, a third party can fill out the form on your behalf.

Name:

Department:

Job Title:

Work Location:

Address:
(from where you would normally travel to work)

1. What is the main nature of your disability? (Please use non-medical terms).

2. How would this prevent you attending work during adverse weather conditions?

3. How do you travel to and from work? (tick appropriate box).

Walking	<input type="checkbox"/>	Self Drive	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Bus	<input type="checkbox"/>	Car Passenger	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'other', please give details:

4. Is vehicle transport essential to get to your place of work?

Yes **No**

5. Are there any further details that could be considered in your application?

Signed: _____

Date: _____

Applicant

On behalf of the applicant:

If you are signing on behalf of the applicant, please print your name

Request agreed: **Yes**

No

Date:

Approved by Head of Service (or above):