



**MEMBERSHIP REGISTRATION FORM  
FOR HCT INSTRUCTOR TRAINING ORGANISATION**

Please complete all sections as fully as possible and return to Francesca Flaxton  
at Haddenham Cycle Training ITO, 7 Dovecote, Haddenham, Bucks HP17 8BP. Thank you

FULL NAME OF APPLICANT ..... Date of Birth: .....

Postal Address: .....

..... Postcode: .....

Phone Number(s):

Home Phone: ..... Mobile Phone: .....

Email address: .....

Name of ITO/ITP that trained you and contact phone number: .....

(This must be a previously recognised ITP or a currently recognised ITO)

Date(s) attended NSI/NSIA Course: .....

Date of Provisional Accreditation: .....

Date(s) of Mentoring and Post Course Assessment session(s): .....

Date of Full Accreditation: ..... NSIQ or NSIA Number: .....

Cycle Training Experience: Please tell us about the type of training you have done since being qualified:.....

.....

.....

Other relevant qualifications (eg: teacher):.....

**HEALTH ISSUES**

Please give **full** details of any health or medical issues that HCT needs to be aware of: (ie diabetes, epilepsy etc)

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**MEMBERSHIP FEES:** £20.00 pa. Membership needs to be renewed every January.

Fees to be paid by cheque, payable to Haddenham Cycle Training or by Bank transfer to:

Barclays Bank

Account name: Haddenham Cycle Training

Account number: 20467359

Sort code: 20 85 73



### EVIDENCE OF DOCUMENTATION

We need to see original copies of the following documents so that we can verify you hold them.. **We also need two copies of a passport photo of yourself, with your name printed on the back.** We recommend that you arrange to meet with us to go through your documentation, or if that proves difficult, please send them to us registered post. We will return documents to you in person or by registered post. We will then issue you with your photo ID card.

Please tick that you can provide evidence of the following:

- Cycling Instructor Certificate
- Cycling Instructor Log Book (not essential, but helpful if you can locate it)

Current CRB  
CRB issued by (registered body/council etc).....  
CRB date of Issue:.....

Insurance certificate  
Insurance Provider:.....  
Insurance Certificate issue date:.....  
Insurance Certificate expiry date:.....

First Aid Certificate  
First Aid Training provider:.....  
First Aid Certificate issue date:.....  
First Aid Certificate expiry date:.....

I enclose two passport sized photos of myself, with my name printed on the back

### Please read and sign below

I understand HCT reserves the right to come and observe a training session led by myself, to provide mentoring and to ensure that HCT can maintain the highest standards across those instructors who are part of HCT-ITO. HCT will not make any charge for this initial visit but will charge for any further mentoring sessions that may be required or CPD courses attended. HCT also requires ITO members to attend a minimum of 3 hours CPD Training, which is chargeable. See Membership Terms and Conditions for details ..... [ ..] Please tick.

Signed: ..... Date: .....

If you are not happy for us to store the information on this form on our database, please tick the box below. The aim of our database is to improve our service to the community; data will be kept for internal use only and will only be disclosed to other parties seeking to verify your Cycling Instructor status. [ ]

**Membership fees will be reviewed annually. A reminder will be sent out when this is due.**