



**REGISTRATION FORM AND PRE-COURSE QUESTIONNAIRE
FOR HADDENHAM CYCLE TRAINING - INSTRUCTOR TRAINING COURSE**

Please complete all sections as fully as possible and return to Francesca Flaxton, Haddenham Cycle Training,
7 Dovecote, Haddenham Bucks HP17 8BP in advance of the course. Thank you

APPLICANT'S DETAILS

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

Postal Address:.....
.....

E-mail address:.....

Phone Number(s):

Home Phone: Mobile Phone:

COURSE AND PAYMENT DETAILS – Full Cost is £600 per person payable in advance

I WISH TO APPLY FOR THE COURSE STARTING.....(date) HCT Course Ref Number(if known).....

I enclose a cheque for £600 (cheques payable to Haddenham Cycle Training please) []

or
I wish to pay by direct credit – please send me details of HCT's bank account []

or
Please send an invoice for payment to the following address []

.....
.....

/my school/my organisation wishes HCT to apply for the £400 bursary funding from Cycle Aylesbury, Bucks CC []

I understand that the bursary will only be paid to me if the following conditions are met:

1. I must pay the full fee of £600 in advance of the first day of the course
2. I must attend all 4 days of the training and complete the course
3. I must deliver Level 2 training to at least 10 trainees as part of my post-course experience/training (without payment)

Signed (to agree with the above conditions): Date.:

PERMISSION FOR HCT TO TAKE AND USE PHOTOGRAPHS:

I give permission for photograph(s) of myself to be used as follows:

- | | | |
|---|------------------------------|-----------------------------|
| 1. In a Leaflet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. On our Website | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. In the Local Newspapers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. In National Publications e.g.: CTC Newsletters | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments regarding Photo Consent:

HEALTH ISSUES

Please give **full** details of any health or medical issues that the HCT instructors need to be aware of:

.....
.....



YOUR CYCLING ABILITY AND EXPERIENCE

Please tick or circle all words that describe your cycling experience:

Leisure Cyclist Mountain Biking/Off –road Cyclist Use cycling as part of my job
Commuter Cyclist Racing Cyclist Other.....

How would you describe your cycling ability and confidence? Please tick or circle all that apply:

Beginner Limited cycling experience but gaining in confidence Confident cyclist but only cycle occasionally
Confident and regular cyclist Expert in my field

How often do you cycle?

Daily Once or twice a week Weekly
Two or three times a month Less than once a month Only on holiday/very occasionally

Do you drive a car?

Yes No

Do you have any previous teaching experience?

a) with adults No Yes (please give details).....

.....

b) with children No Yes (please give Details).....

.....

YOUR AIMS OF ATTENDING THIS COURSE

Please tick or circle all reasons that describe why you are attending the course and add any additional information below:

Just for personal interest

I am exploring the possibility of becoming of becoming a Cycling Instructor

I wish to further develop my experience already gained as a cycle training volunteer/assistant instructor

I plan to work for HCT as an Instructor

I plan to work for another organisation as an Instructor

I plan to set up my own cycle training business

Other reasons

.....

Signed: Date:

Please Print Name in Full:

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