

Cyclist registration form (shaded fields are required)



PLEASE READ:

Welcome! We're glad you've decided to join our cycling sessions. **We require everybody who cycles with us to register** by completing this simple form. This is to make sure that you're safe while cycling with us as well as to gather data that will help us to obtain funding to run the sessions. **If you feel you need help completing this form, please ask for assistance.**

Personal data will be treated in accordance with the Data Protection Act of 1998. Information provided may be shared for the purposes of audit, research, writing funding bids, meeting statutory obligations and for the prevention and detection of fraud. From time to time, it is useful to connect the information that we have collected from this survey with other surveys or databases; when we do this, your confidentiality is always maintained. Personal data will not be made public in any way which identifies individuals.

Full Name:		Date of birth or age	
Mobile/landline Number:		Address:	
Postcode:		Borough	
Email:			

We send out regular newsletters full of news from the world of inclusive cycling as well as session updates, so you can stay up to date with cancellations, venue changes etc. Please tick which newsletter you would like to be signed up to. If you don't tick any of the boxes, you'll not be added to any of the mailing lists.

☐ **Wheelspin**
(quarterly update from
Wheels for Wellbeing)

☐ **Campaigns newsletter**
(monthly update on our
campaigns and policy work)

☐ **Session update** (monthly
update on what's going on at
all of our venues, including
cancellations, construction
work etc.)

Emergency Contact*:

This is someone we can contact in the event of an emergency. It is important this person knows the cyclist and is willing to assist should they become unwell.

Note for cyclists attending with a Registered Centre: We will contact the organisation in event of an emergency. If someone else should be contacted, enter their details below:

Full name:

Relationship to Cyclist:

Contact Telephone Numbers:

Landline:

Mobile:

Email Address:

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Cyclist name: _____

Impairment:	<input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Learning Disabilities / Difficulty <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Deaf / Hard of Hearing <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Visual Impairment / Sight Loss	<input type="checkbox"/> Long Term Health Condition(s) <input type="checkbox"/> Recovering from operation or illness <input type="checkbox"/> Dementia <input type="checkbox"/> Ageing-related physical impairment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Disabled / No Impairments
Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Mixed/Multiple ethnic group <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Other ethnic group <input type="checkbox"/> Prefer not to identify	
Answer the below only if cyclist is over 18 years of age:		
Sexual Orientation:	<input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Lesbian, Gay or Bisexual	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Religion or Belief:	<input type="checkbox"/> No Religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown

How is your health in general?

Very good 🏹 Good 🏹 Fair 🏹 Bad 🏹 Very Bad 🏹 Prefer not to say 🏹

Current level of activity: In a typical week:

On how many days do you do at least 10 mins of moderate physical activity*?

(Write in Number of Days)

On how many days do you do at least 30 mins of moderate physical activity*?

(Write in Number of Days)

*** This is physical activity which makes you feel warmer and raises your heart rate.**

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Please tell us - Why do you want to cycle with us? (select all applicable options)

- | | |
|--|--|
| <input type="checkbox"/> I want gentle exercise to help my recovery or condition | <input type="checkbox"/> I'm looking for an outdoor activity that I can do with other people |
| <input type="checkbox"/> I want to improve my level of fitness | <input type="checkbox"/> I've never cycled before and I'd like to try it |
| <input type="checkbox"/> I want to be more confident about cycling | <input type="checkbox"/> I don't have a cycle of my own |
| <input type="checkbox"/> I need somewhere traffic-free to ride | <input type="checkbox"/> Cycling is fun! |
| <input type="checkbox"/> I want to take up cycling as a competitive sport | <input type="checkbox"/> Other: _____ |

Please tell us – How did you find out about us? (select all applicable options)

- | | |
|---|---|
| <input type="checkbox"/> Came with my centre | <input type="checkbox"/> A friend, relative or key worker told me |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Newspaper, radio or TV |
| <input type="checkbox"/> I saw a leaflet or poster | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Health Professional (e.g. doctor, nurse, or therapist) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> School, College or University | <input type="checkbox"/> Through my work |
| <input type="checkbox"/> Other: _____ | |

Please complete a declaration overleaf. Without that the registration won't be complete.

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Declaration: *(must be signed before cycling with us)*

- I understand that the sessions will be led by experienced and qualified cycle trainers.
- I am aware that they will offer me guidance, advice and support with regard to cycling and cycling related matters and I agree to cycle under their supervision.
- **I have read and agreed to Wheels for Wellbeing's Ground Rules and so have all the people who accompany me.**
- I accept that there may be an element of risk in all activities, but am satisfied to proceed with the session.
- **Photography Consent Form: I give Wheels for Wellbeing the right to use:**
 - photograph/s or film taken of me at their cycling sessions

These may be used and edited for all general marketing purposes to promote inclusive cycling, including website and social media content, leaflets, posters, press releases, fundraising appeals, newsletters and articles.

I understand that I will not be paid or rewarded for providing this authorisation.

If you prefer not to give your photo consent, **please tick this box** ☐

Tick One:

⬆️ *(Over 18 only)* I will attend session independently and take responsibility for my own safety during sessions. I have provided contact details for the person you should contact on my behalf in the event of an emergency.

⬆️ I will always come with someone to support me during cycling sessions and they will assist me in the event of an incident during the session. Each person who supports me will register their details with Wheels for Wellbeing.

Signature: _____ Date: _____

(If signing on behalf of someone else, please indicate your relationship to them)

⬆️ Parent/Guardian ⬆️ Care Worker ⬆️ Teacher ⬆️ Other: _____

⬆️ Do you have trouble travelling to the sessions? Tick the box if you would like someone from WfW to contact you to discuss this.

**THANK YOU FOR COMPLETING THE FORM.
ENJOY CYCLING!**