Organisation Registration



Organisation Name:				
Address:				
	Postcode:			
	Borough:			
Contact Telephone Number:				
Email Address:				
Website:				
Organisation Type: (please select one option)	 □ Care Home □ Educational Establishment □ Healthcare Services □ Housing Provider □ Resource Centre / Day Centre □ Sport Group □ Support Group for disabled or older people □ Other: 			
Organisation Status: (please select one option)	 □ Club or Society □ Local Authority □ NHS □ Private Company □ Registered Charity / CIC 			
Do your Service Users come from multiple venues?				
	ers will come from different locations, please provide details below:			
Name(s) & Postcode(s) of alternative locations:				

Organisation Registration



Are you part of a	larger Organisation?
	nisation or Head Office, please enter these details below:
Parent Organisation	
Name:	
Lload Office Address	
Head Office Address:	
	Postcode:
Organisation Mar	nager
First Name:	
Surname:	
Direct Line Telephone:	
Mobile Number:	
Email Address:	
Address: (if different to Organisation)	
_	Person (person responsible for co-ordinating cycling
sessions for your service	susers)
First Name:	
Surname:	
Direct Line Telephone:	
Mobile Number:	
Email Address:	
Address: (if different to Organisation)	

Organisation Registration



Agreement between (insert Organisation name)

·	_ [referred to as "we" below
and Wheels for We	llheina

- We will ensure all our staff attending sessions will register with Wheels for Wellbeing, including reading and agreeing to the 'Guidelines for Carers and Support Workers'.
- We will ensure our service users who attend sessions will register with Wheels for Wellbeing and will be made aware of the 'Ground Rules'.
- We will cooperate with Wheels for Wellbeing staff and volunteers to ensure cycle sessions are safe and fun by working to these Ground Rules / Guidelines.
- We will remain responsible for those we are supporting at all times. Our staff are responsible for ensuring that helmets are correctly fitted.
- We will ensure that a satisfactory level of support is provided at cycling sessions in line with the needs of our service users.
- We will keep Wheels for Wellbeing up to date regarding new service users or staff attending cycling sessions, by completing registration forms for them.
- We understand that the sessions will be led by experienced and qualified Cycle Instructors. We are aware that they will offer guidance, advice and support with regard to cycling and cycling related matters and we agree to participate under their supervision.

We accept that there may be an element of risk in all activities but we are satisfied to proceed with the sessions for people attending from our organisation.

Signature:	
Print Name:	
Job Title / Role:	
Date:	