

Welcome! We are glad you have decided to start using our inclusive cycling sessions for your service users/clients. Please read and sign the agreement below and complete the rest of the form. This is to clarify the respective roles of your staff and ours at our sessions. We also need to know who to contact, should anything happen to a staff member or to a service user whilst at our sessions, including any safeguarding concerns.

Agreement between (insert Organisation name)

_____ **[referred to as “we” below]**
and Wheels for Wellbeing

- 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 understand that the sessions will be led by experienced and qualified Cycling 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.
- To ensure cycle sessions are safe and fun, we will cooperate with Wheels for Wellbeing staff and volunteers by working to these Ground Rules /Guidelines.
- We will remain responsible at all times for those we are supporting. Our staff members 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 will cooperate with Wheels for Wellbeing to ensure that records of our clients and staff members are updated regularly.**

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.

Organisation Manager’s Name and Signature: _____

Date: _____

Please provide full details overleaf

Organisation Manager	
Full Name:	
Direct Line Telephone:	
Mobile Number:	Would you like to be alerted by text of any session cancellations? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email Address:	Would you like to receive our newsletter and session updates via email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: <i>(if different to Organisation)</i>	

Organisation Name:	
Address:	
	Postcode:
	Borough:
Contact Telephone Number:	
Email Address:	
Website:	
Organisation Type: <i>(please select one option)</i>	<input type="checkbox"/> Care Home <input type="checkbox"/> Educational Establishment <input type="checkbox"/> Healthcare Services <input type="checkbox"/> Housing Provider <input type="checkbox"/> Resource Centre / Day Centre <input type="checkbox"/> Sport Group <input type="checkbox"/> Support Group for disabled or older people <input type="checkbox"/> Other:
Organisation Status: <i>(please select one option)</i>	<input type="checkbox"/> Club or Society <input type="checkbox"/> Local Authority <input type="checkbox"/> NHS <input type="checkbox"/> Private Company <input type="checkbox"/> Registered Charity / CIC

Are you part of a larger Organisation?	
If you have a Parent Organisation or Head Office, please enter these details below:	
Parent Organisation Name:	
Head Office Address:	
	Postcode:

Do your Service Users come from multiple venues?	
If your clients/service users will come from different locations, please provide details below:	
Name(s) & Postcode(s) of alternative locations:	

Primary Contact Person <i>(person responsible for co-ordinating cycling sessions for your service users)</i> - if different from organisation's manager	
Full Name:	
Direct Line Telephone:	
Mobile Number:	Would you like to be alerted by text of any session cancellations? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email Address:	Would you like to receive our newsletters and session updates via email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: <i>(if different to Organisation)</i>	