

Supporter Registration Form



Welcome!

We require everybody who supports our cycling participants to register by completing this simple form.

Why we collect data:

This is to make sure that we have someone to contact in case anything happens to you whilst at our sessions. Also, we would like to be able to contact you to update you on our sessions or in case of any concerns, including safeguarding.

What we do with your data:

Your personal information will not be shared with anyone, except if we have a legal duty to do so. If you cease to attend Wheels for Wellbeing cycling sessions, we will anonymise your personal information no later than three years after you stop participating. Wheels for Wellbeing full privacy statement can be found on our website <https://wheelsforwellbeing.org.uk/terms-and-privacy-policy/>

If you feel you need help completing this form, please ask for assistance.

Who are you supporting?

Name of Cyclist(s):	
Relationship to Cyclist:	

OR

<i>If attending with a group of cyclists:</i> Name and Address of Organisation the cyclists come from: (Centre must be registered with Wheels for Wellbeing)	
	Post code:

Supporter Information:

Full Name:	
Nickname/Known By:	
Contact Telephone Number:	Would you like to be alerted by text of any session cancellations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address:	<input type="checkbox"/> Would you like to receive our newsletter and session updates via email? <i>If you don't tick the box, you won't be added to our mailing list.</i>

PTO

Emergency Contact:

- *This is someone we can contact on your behalf in the event of an emergency. It is important this person knows you and is willing to assist you (and the person you are supporting) in case you become unwell.*
- *This can be your employer/manager if you are a paid support worker.*

Name:

Relationship to you:

Contact Telephone Number:

Declaration: *(must be signed before your Cyclist(s) can cycle with us)*

- **I have read and agreed to Wheels for Wellbeing's Ground Rules and Guidelines for Carers and Support Workers.**
- I confirm that I have a consent of my emergency contact to share his/hers personal details.

Signature: _____ Date: _____

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

Manager Colleague Relation Other: _____