

PARENT / CARER AND CHILD TRAINING BOOKING FORM

THIS SESSION IS TO HELP YOU DO THE JOURNEY
TO SCHOOL BY BICYCLE.
FURTHER TRAINING MAY BE REQUIRED.
PLEASE FILL THIS FORM OUT TO AID YOUR
PERSONAL TRAINER.



1. NAME

2. ADDRESS

3. PHONE

MOBILE

EMAIL

4. THROUGH CYCLE CITY FUNDING WE ARE ABLE TO OFFER: UP TO 2 HOURS TRAINING FOR £6

PLEASE RETURN THIS FORM WITH PAYMENT TO.

**ROAD SAFETY TRAINING COORDINATOR
9 ST LEONARD'S PLACE
YORK
YO1 7ET**

CHEQUES/POSTAL ORDERS SHOULD BE CROSSED AND MADE PAYABLE TO **CITY OF YORK COUNCIL**.
PAYMENT BY CASH OR DEBIT CARD IS AVAILABLE AT RECEPTION, 9 ST LEONARD'S PLACE.

5. PLEASE TICK PREFERRED TIME FOR YOUR TRAINING. ALL EVENING SESSIONS MUST BE COMPLETED BY 9pm.

A) WEEK DAY WEEKEND B) DAYTIME 9am to 5pm EVENING 5pm to 9pm ANYTIME

6. WHICH OF THE FOLLOWING AGE BANDS ARE YOU?

16-20 21-30 31-40 41-50 51-60 61-70 71+

7. SEX: MALE FEMALE WOULD YOU LIKE AN INSTRUCTOR OF THE SAME SEX?

8. WHAT TYPE OF BICYCLE DO YOU INTEND RIDING DURING THE TRAINING?

HYBRID TOURING MOUNTAIN RACER FOLDING

OTHER, PLEASE SPECIFY

9. HOW WOULD YOU DESCRIBE YOURSELF AS A CYCLIST?



10. HOW OFTEN DO YOU CYCLE?

Most days Once a week Once a fortnight Once a month Never

IS THIS IN: Heavy traffic Light traffic

11. DO YOU SERVICE YOUR BIKE YOURSELF? Yes No

12. DO YOU WEAR A CYCLE HELMET? Yes No

13. HAVE YOU EXPERIENCE OF RIDING OR DRIVING ANOTHER VEHICLE? Yes No

IF SO WHAT TYPE?

14. PLEASE TICK ANY OF THE FOLLOWING YOU WOULD LIKE TO INCLUDE AS PART OF YOUR COURSE:

GENERAL CYCLING IN TRAFFIC MULTI LANE ROADS

ROUNDABOUTS CROSSROADS

TRAFFIC LIGHTS MULTI LANE JUNCTIONS

ROUTE PLANNING, IF YOU WOULD LIKE US TO HELP YOU PLAN A SPECIFIC ROUTE PLEASE ENTER

START:

FINISH:

WHAT ELSE WOULD YOU LIKE TO DO IN YOUR SESSION?

15. IS THERE ANYTHING ELSE WE SHOULD KNOW?

I agree to make the instructor aware of any medical condition I have which may affect my training.

CYC leaves the decision about wearing a cycle helmet entirely up to the individual. Please see websites www.bhit.org or www.bhsi.org or www.cyclehelmets.org for further information.

It is my responsibility to ensure that my bicycle is roadworthy before attending the training session. I understand my trainer may refuse to take me out if my bike is unroadworthy.

Signed

PLEASE RETURN TO :

**ROAD SAFETY TRAINING COORDINATOR, 9 ST LEONARD'S PLACE
YORK, YO1 7ET**



For further info please ring 01904 551646 or email shaun.wilkinson@york.gov.uk