

EcoLocal Cycling Sessions Registration Form

(GROUPS - complete per individual and put

your organisation name in the space provided over page)

First Name:

Surname:

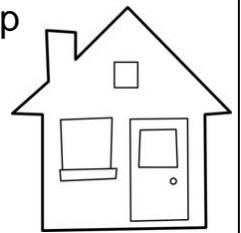
Group (if applicable):



E-mail: To contact you about the EcoLocal cycling scheme and EcoLocal news*
PLEASE PRINT CLEARLY



Your HOME Address (REQUIRED) (NOT your college or support group address):



Postcode: (REQUIRED)



Mr Clive Chambers
 14 High Street
 WORPLESDON
 Surrey
 GU21 5EA

Date of birth: (REQUIRED)



Phone number (optional):



Gender: (please tick):



Male



Female



Transgender

Is there anything about your health or abilities that we should know?

Hearing impairment		Speech impairment	
Visual Impairment		Mental Health Problems	
Restricted mobility		Progressive disability/Chronic illness	
Physical impairment		Autistic Spectrum Disorder	
Learning disability		Other (please specify)	

Please give details:



If you are new to exercise we recommend that you check with your doctor first before starting an exercise programme

PLEASE TURN OVER

Emergency contact: (REQUIRED)

Name _____

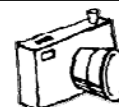
Phone No: _____

Relationship to you: _____



Where did you find out about the cycling? (Were you referred by an organisation?)

I give my permission for EcoLocal to take photos during the session for use in publicity, our website and/or reports: YES NO



Important! Make sure you read and agree to the **Track Rules** before you go on the track. If you don't agree, don't ride!

- I understand that EcoLocal cannot provide one to one support, other than when teaching individuals to learn to ride or adjusting cycles for me, and that I need to have the ability to follow instructions for my own safety. If I am unable to follow instructions then I will come with a buddy/carer who will take responsibility for making sure I act safely and follow instructions.
- I have read the track rules and I accept that there may be an element of risk in my taking part in cycling sessions but am satisfied to do so.
- I have not knowingly withheld any information about my health which might affect my ability to take part in this activity.
- I understand the personal information I provide on this form will be used to keep me updated on the cycling project, help EcoLocal meet my needs and for statistical analysis to monitor the cycling project. EcoLocal will hold my personal information securely and in compliance with the General Data Protection Regulation. EcoLocal's **Privacy Policy** can be viewed at www.eoclocal.org.uk or ask for a copy.
- *EcoLocal's e-news gives you updates on our activities, events, opportunities to volunteer and ways to support local projects as well as other short news items and consultations. We'll send you emails approximately once or twice a month. Membership of our e-news list is free and you can leave any time you like. EcoLocal runs a range of charitable projects and social enterprise activities in Sutton and the surrounding areas.

Please Sign & Date (Carers may sign on behalf of participants.)

Signature: _____

Date: _____

Name of person signing: (PRINT) _____

Group (if applicable) _____

Diversity Monitoring - OPTIONAL

The information we require on this sheet is **OPTIONAL**. It will be stored and used in compliance with our Privacy Policy. We have been asked to collect this information to check that we are reaching a diverse audience and your participation would be welcomed in helping us to achieve this objective.

Ethnicity — How would you describe your ethnicity? OPTIONAL

White – British		Asian – Bangladeshi	
White – Irish		Asian – Indian	
White – Traveller of Irish heritage		Asian – Pakistani	
White – Gypsy/Roma		Asian – Other	
White – Other		Black – African	
Mixed – White and Asian		Black – Caribbean	
Mixed – White and Black African		Black – Other	
Mixed – White and Black Caribbean		Any other ethnic background	
Mixed – Other			

Beliefs — How would you describe your beliefs? OPTIONAL

Atheist/no religious belief		Muslim	
Buddhist		Secular beliefs	
Christian		Sikh	
Hindu		Other	
Jewish			

Sexual orientation—How would you describe your sexual orientation? OPTIONAL

Heterosexual		Gay man/ lesbian	
Bisexual		Other	