



Bikelinks Scheme User Participation Consent Form

You (the Trainee) are giving your consent to participate in the Bikelinks Scheme and to abide by the terms and conditions of the agreement set out in this document.

This form should be signed by the person participating in the Scheme if over the age of 18 or aged between 16 and 18 and living independently. Where the Trainee is under 18 and is living with a parent or guardian then the parent or guardian should sign on behalf of the Trainee. The parent or guardian signing the consent form agrees that they have authority to do so and agree that they will abide by the terms and conditions of this document.

General Terms and Conditions

1. The Trainee is a competent bicycle rider and consents to take part in Bikeability Training to Level 2 in order to be able to demonstrate to Bikelinks that he/she has the ability to ride safely on quieter roads. The Trainee recognises that completion of Bikeability Training is required in order that he/she can participate in the Bikelinks Scheme and get the bike.
2. The Trainee will pay a deposit of £20 (where applicable), which will be returned to the Trainee after 6 months if the terms and conditions of this agreement are met.
3. The bicycle will be supplied with accessories including a helmet and a lock.
4. The bicycle will be locked to a secure fitting at all times when not in use. Where the Trainee has the use of a garage, the bicycle will be locked within whenever not in use.
5. The Trainee will wear a helmet at all times when using the bicycle.
6. The Trainee will keep the bicycle in good condition and will be responsible for its upkeep. Within 3 months of ownership, the Trainee agrees to take the bicycle to Natural Cycles in Devonport who will carry out a free inspection and service. Thereafter, the safe servicing of the bike is the responsibility of the Trainee or carer.
7. The Trainee will comply with the Highway Code and all obligations imposed by law or byelaws.
8. The Trainee agrees to give Bikelinks, when requested, information about himself/herself, the bike and its use, including any changes to their employment, education or training status for a period of up to 12 months from when the bike is received.
9. The Trainee agrees that he/she uses the bicycle at his/her own risk and that the Council, the referring organisation, and the Bikelinks Scheme accept no responsibility for any loss or damage suffered once the Trainee is in possession of the bicycle.
10. The Trainee agrees to be responsible for the bicycle, any accessories and any equipment issued at the start of Bikeability Training.

Medical and Data Consent

1. The Trainee agrees to take part in the Bikelinks training and understands that it may take place outside of normal working hours (usually Monday to Friday, 9am to 5pm).
2. The Trainee consents to any emergency medical treatment required during the course of the training activities as considered necessary by the medical authorities present and consents to the medical details supplied being passed to the medical authorities.
3. The Trainee [gives/does not give] (delete as appropriate) permission to Bikelinks to use photographs and information about himself/herself (including first name, age and area of the city in which the trainee lives), for the use in brochures, literature, website, video/DVD promotion, local and national press, and any other promotional material. The copyright of any material generated as a result of this photographic activity shall be assigned to Plymouth City Council who will not pass these photos to a third party without asking for the Trainee's additional permission. The Trainee understands that he/she can withdraw this agreement at any time by contacting Jim Woffenden at Plymouth City Council 01752 668000. The Trainee is aware that if agreement is withdrawn, any publication that has already occurred cannot be affected.
4. The Trainee agrees to follow codes of conduct as agreed with Bikelinks.
5. The Trainee understands that Bikelinks complies with the Data Protection Act 1998. The information provided should be regarded as falling with the terms of current legislation and the rights of individuals must be upheld.
6. The Trainee accepts that Plymouth City Council, the referring organisation and BikeLinks cannot accept responsibility for the loss or damage of personal items brought by the Trainee onto the BikeLinks Scheme.
7. The Trainee agrees to advise Bikelinks if any of the details on this form change during the Bikelinks Scheme Programme (e.g. change of contact details, medical details etc).

All activities delivered under the Bikelinks Scheme are risk assessed and meet appropriate health and safety standards. If there is a medical emergency the information below will aid emergency services by giving them knowledge of any existing medical conditions.

Any relevant information concerning the Trainee's health requiring special attention but which does not prevent the Trainee from taking part should be noted, e.g. previous head injuries or pregnancy.

Please ensure that any medication that might be required should be brought to the training session. – this should be handed to the provider for safe-keeping (with the exception of asthma inhalers).

Has the Trainee had any recent relevant illness or been in contact with any contagious or infectious diseases in the last few weeks – YES/NO

If Yes, please give details.....

Name of doctor/surgery

Approximate date of last tetanus injection

Medical details

Has the Trainee ever suffered from the following: Please tick Yes or No for each condition			Please give details e.g. reactions/early identification etc	When did the Trainee last suffer from this?	Name and dosage of medication ?
	YES	NO			
Asthma (Always bring inhaler)					
Epilepsy					
Diabetes					
Allergic reactions e.g. food, stings and medication such as aspirin or paracetamol					
Serious illness e.g. heart problems					
Injuries e.g. fractures or head injuries					

Any other details and relevant information?

I accept the conditions in this document and confirm that all information provided is correct
(signed by the Trainee or by a parent/guardian where the Trainee is under the age of 18)

Signed.....Date of Birth.....

Contact phone number

Name [of Trainee].....

Please print in block capitals

Name [of Parent/Guardian]..... [if applicable]

Address

Telephone Numbers (Home)Work/ Mobile