

CYCLE PROFICIENCY SCHEME

Course Registration Form

Please complete a separate form for each course and return at least 2 weeks before the proposed start of training to elizabeth.mapstone@n-somerset.gov.uk or fax 01934 426884.

Miss E Mapstone, RoadSafety Officer, Somerset House, Oxford Street, Weston-super-Mare, BS23 1TG

Name of School or Centre_____

Name of Contact at School_____

Daytime Tel No_____

Course Starting Date_____

Time_____

Training session days/dates/times_____

Names of Qualified Instructors_____

Other Helpers_____

No of trainee cyclist packs required_____

No of trainees (if any) with a disability affecting their ability to cycle_____

Public roads to be used_____

Preferred test date and time: 1st Choice_____

2nd Choice_____

Note to the Organiser

On receipt of this form the necessary training literature will be delivered and the Test arrangements confirmed.