



Pre Course Paperwork

Name: School:

Please read through the following questions with your parent/carer, tick the relevant boxes to all the questions below before you start your course.

This form needs to be handed back to your school with your consent form.

			Yes	No
My bike has two working brakes?				
Both of my tyres are pumped up				
When sit on my saddle, my legs are straight with both feet touching the floor				
Overall, would you say that your bike is safe to ride?				
	Quite worried	OK	Happy	Very happy
How do you feel about signalling for 3 seconds with your left and right arm?				
How do you feel about riding your bike on the road?				

Signed Parent.....

Signed Student.....



Parental Consent Form/Safety on Educational Visits

Data Protection act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or Local Education Authority, without your written consent.

1. Name of participant:.....
2. Details of Visit **Bikeability** From: (date/time).....To:.....
3. Address:.....
4. Tel No:..... 5. Age:.....
6. Emergency address and/telephone (if different from above).....
7. Personal Information: please give details requested below or personal information which might be relevant.
 - A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?
Yes No If yes please give details.....
 - B. Does he/she suffer from any allergies, diabetes, migraine, epilepsy, or any other illness or disability?
Yes No If yes please give details.....
 - C. Is he/she allergic to anything to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food/drink)? Yes No If yes, please give details
.....
 - D. Is he/she actively sensitive to penicillin? Yes No If yes, please give details
.....
 - E. Is he/she receiving any medical treatment at present? Yes No
If yes, please give details.....
 - F. Date of last anti-tetanus injection:.....
 - G. Name & address of own Doctor:.....
Tel No.....

Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School journey Insurance. Participants are covered by Cornwall County Council insurance in the event of negligence by one of its employees or agents. Details are available on request.

PARENTAL CONSENT:

- ✓ I have read the information provided and agree to my son/daughter taking part in the above activities.
- ✓ I acknowledge the need for him/her to behave responsibly at all times.
- ✓ I understand that the staff responsible for the activities will take all reasonable care of participants.
- ✓ I consent to any emergency treatment if necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- ✓ I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LEA guidance.

Signed Parent/Carer.....



Level 1 Self-Assessment Form



Name: School:

	Yes	No
I can complete a thorough helmet check on my own.		
I can confidently complete a through safety check on my bike - M Check.		
I can safely control my bike without wobbling or outing my feet down.		
I can stop my bike safely, using both brakes, without skidding or putting my feet down.		
I can safely signal with my right arm for 3 seconds.		
I can safely signal with my left arm for 3 seconds.		
After receiving all of my Level 1 Bikeability training, I am ready to move onto Level 2 Bikeability training.		

If you answered NO to any of the above questions.

You need a little more practice before you are able to move onto your Level 2 Bikeability course.

I need to practice:

.....

.....



Level 2 Self-Assessment Form

Name:

School:

	Yes	Mostly	Sometimes	Never
I can safely and confidently start and stop my journey on the road on my own.				
I can safely and confidently perform a "U" turn on the road on my own.				
I can safely and confidently cycle past a junction on the road on my own.				
I understand the priorities on the road, and when & where I need to give way to other road users.				
I can safely and confidently pass a parked car when cycling on the road on my own.				
I can safely turn left and right in and out of a junction on the road on my own.				
After receiving all of the Level 2 Bikeability training, I think I am now ready and safe enough to ride on the road, on my own.				

If you answered "mostly", "sometimes" or "no" to any of the above questions, you need a little more practice before you are safe to ride on the road on your own.

I need to practice:

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