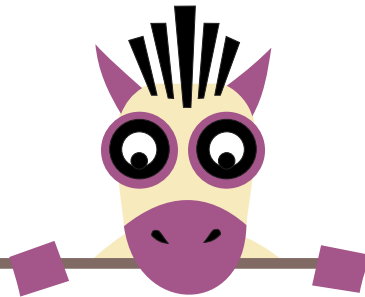




CAPITA SYMONDS



Cycle Proficiency Training 2010

Application Form

Please complete the form overleaf and return it to the Road Safety Section at Capita Symonds as soon as possible. If we do not receive your response by Friday 26th February we will presume that your school is not participating in Safe Cycling this year.

All children in Year 6 are eligible, provided they have not previously taken and passed the course

Penny Thorpe

Penny Thorpe
Principal Road Safety Officer



www.roadstuff.co.uk

Once we have received your completed form in the post, we will send your information pack immediately!

Cycling Proficiency Training 2010 Application Form

School:

I wish/do not wish to enter the children for Cycling Proficiency Training.

- Who will be instructing the children?

Name	Teacher or Volunteer	Contact Number	Previous Experience (Yrs)

Expected date that training will begin:

- Number of entrants*:
- Do you need paint for marking your yard? Yes No
If so, what colour? White Yellow
- Preferred approximate duration of course:
Extended (1 session for 8 weeks) Intensive (1-2 weeks)
- Preferred dates for the practical assessment
1st/...../..... 2nd/...../..... 3rd/...../.....

Signed (Headteacher): Date:/...../.....

Please return this form before Friday 26th February to:

The Road Safety Section, Capita Symonds, Ty Gwent,
Lake View, Llantarnam, Cwmbran. NP44 3HR
Tel: 01633 463376 Fax: 01633 463399
Email: helen.davidson@capita.co.uk

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For Office use only:

Training Pack Sent RSTSO Date:/...../.....
Yard inspected and OK RSO Date:/...../.....
Number of books delivered RSO Date:/...../.....

* To better assist us in the ordering of resources for Cycle Training, could you please give a best estimate of the number of pupils taking part, rather than entering the whole class.