

Parent / Guardian information and Consent Form



(Level-1/2 – Playground/On-Road) Please read carefully before signing			6	
I consent to (name of child):	Child's D.O.B			
Gender (Please choose from below): Male / Female / Other / Prefer Not to Say				
Taking part in Bikeability at (name of school) part or all of which will take place on the public highway		of E Primary School ens, Worthing, BN14	7TQ	
PLEASE ANSWER THE FOLLOWING:			Yes	No
Does the child receive Pupil Premium?				
Does the child receive state-funded Free School Meals?				
Does your child have access to a bike and helmet for their	use during the	e course? (If no,		
please ask your school to email us and include a height me				
Is the bike in a road worthy condition & does the helmet fit	: correctly - se	ee pages 6&7 in		i
the Cycle Right Booklet?				
Does your child require medication to be with them whilst administer this medication themselves? If so, please give details:	fiding, and can t	they carry and		İ
duminister this medication themselves. If 30, please give details.				
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Any other Health, Medical, or Learning/Support needs & inf	formation? Or	any other		
relevant or useful information on the participant? If so, pleas		•		i
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				i
Ethnic group - please tick one: (this info is required before the transport)	y the Depar	tment of		
Asian - Bangladeshi				
Asian - Indian				
Asian - Chinese				
Asian - Pakistani				
Asian - Any other Asian background				
Black - Black Caribbean				
Black - Black African				
Black - Any other Black background				
Mixed - White and Asian				
Mixed - White and Black Caribbean				
Mixed - White and Black African				

Parent / Guardian name:	Parent / Guardian Email Address:		
Prefer not to say			
Any other ethnic group			
Any other ethnic group - Arab			

Mixed - Any other Mixed background

White - Any other White background

White - Traveller of Irish Heritage

White - Gypsy/Roma

White - British White - Irish

Signed:

Date:

I understand that the cycle is taken on to the school premises at my risk.

I will undertake to ensure that the cycle is in roadworthy condition and will ensure my child wears a correctly fitted cycle helmet which is in good condition and conforms to British Safety Standards.

Personal information contained in this form will be used by West Sussex County Council for the purposes of the indicated training course only and will not be shared with third parties. Your information will not be stored or held on file. At the end of the training course, this consent form will be deleted in accordance with our data retention policies. For more information please see our privacy policy www.westsussex.gov.uk/privacy-policy