

Bikeability Level 3

Consent Form (Please complete in CAPITALS)

Child's FULL Name: _____

Date of Birth: _____ Age: _____

Address: _____

_____ Postcode _____

Telephone Number: _____ Mobile: _____
(We will use these as an emergency contacts during the course)

E-Mail Address: _____
(We will use this to correspond with you re: confirmation/feedback/future courses)

Medical, or any other special information, we should know:

Please confirm if your child is, or lives with someone, clinically COVID 19 vulnerable and is at higher risk of severe illness: Yes/No

Please read and then sign below to confirm the following:

I agree to my child taking part in one to one* training and assessment following the COVID 19 guidelines provided by Bexley Road Safety (Level 2 skills will also be re-assessed).

I accept and understand that the training and assessment will take place on public roads, including roundabouts and automated traffic signalled junctions.

I agree to my child cycling the planned route with the instructor.

I understand that the course may be postponed if, in the instructor's opinion, my child is not ready for advanced skills training, and **that the course will be stopped if 2m distancing cannot be maintained.**

I understand and accept that, as a National Standards course, my child will need to meet all the required outcomes in order to complete the course *(NB should further training be required to achieve Level 3, feedback will be provided and the opportunity to take part in a later course will be offered)*

I understand and accept that Instructors will check my child's bicycle and, if they believe the bicycle is not roadworthy, my child will not be allowed to take part.

I understand Bexley Council holds an insurance policy covering claims by third parties and that it is not personal injury accident insurance for my child. I confirm the Council has advised me to consider arranging a suitable policy for my child. I understand and accept that Bexley Council will not be liable for any accident or injury to my child except in cases resulting in negligence by the Council.

I understand that the information provided above will be retained securely by the London Borough of Bexley for a period of up to two years following successful completion of Level 3 training, as part of our monitoring of training progression. I understand that this data will not be used for any other purpose and will not be shared with any other parties.

*if you would prefer to accompany your child on this course please check the box

Signed: _____ Date: _____

Name (in CAPITALS): _____ Relationship to Child: _____

When complete, please return this form to: roadsafetymeducation@bexley.gov.uk