**Application Form**

For internal use:

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| **Contact Details** |
| Name |  |
| Date of Birth |  |
| Address  |  |
| Postcode |  |
| Telephone number |  |
| Email |  |
| Best way to contact |  |
| **About You** |
| Work status |  |
| How far do you regularly travel? |  |
| How do you do that journey now? |  |
| Why do you want to take up cycling? |  |
| Do you have any underlying health issues? |  |
| Is there anything that would affect your ability to cycle? |  |
| Have you ever ridden a bike before? |  |
| On a scale of 1-10, how confident do you feel about cycling on the road? (Please circle as appropriate) | Not at all confident Very confident1 2 3 4 5 6 7 8 9 10 |
| What is preventing you from cycling now? |  |
| Do you live with someone who cycles or has a bike? |  |
| Do you have any particular concerns or worries about participating in WheelNess? |  |
| What benefits do you expect to gain from participating in WheelNess? |  |
| How did you hear about WheelNess? |  |
| Any additional information you would like to add? |  |

Please return completed application forms to Brendan.Dougan@cyclinguk.org or Fiona.Johnston@cyclinguk.org or post to WheelNess, c/o Cairn Medical Practice, ‘Ardlarich’, 15 Culduthel Road, Inverness IV2 4AG. We will contact you regarding your application within 7 days.

 Please note that completion of the application form does not guarantee a place on the WheelNess programme.

Data protection – I understand that as an applicant to WheelNess my details will be held in a confidential, secure database, which is only used for communications and volunteers. Once part of the scheme, the local WheelNess team will hold my information until the scheme ends and evaluation has been completed.

WheelNess is a project run by Cycling UK which is a registered charity in Scotland, Charity number SCO42541.