



Membership Form - Pedal Power – **Please Complete ALL Sheets**

Please use block capitals

Date	
Adult	
Child	
Family	

Family member 1 details

Name	
Date of Birth	

Family member 2 details

Name	
Date of Birth	

Family Member 3 details

Name	
Date of Birth	

Family member 4 details

Name	
Date of Birth	

Name	
Date of Birth	
Address	
Postcode	
Telephone	
Mobile	
Email	

Name of support worker or parent.	
Name of support organisation	
Telephone for main support contact	
Email for main support contact	
Support Manager	

Health Questionnaire

Have you ever had a heart condition or chest pains?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you ever feel dizzy or lose consciousness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a bone or joint problem?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have diabetes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have asthma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have epilepsy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are recovering from illness, injury or an operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other? Please specify	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered yes to any of the above, please check with your GP or health consultant before participating in Pedal Power activities.

Equal Opportunities form

The information you provide will help us to monitor how we are achieving against our Equality objectives and help us to develop and improve our services.

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
White	<input type="checkbox"/>
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>

Indian		Pakistani	
Bengali		Any other	
Black and or Black British			
African		Caribbean	
Any other black background			
Any other ethnic group please specify			

Do you have a disability			
Yes		No	
Physical Disability			
Learning Disability			
Mental Health			
Long term health condition			
Please tell us what your disability is			

Do you speak Welsh			
No	Yes	A little	
Preferred language			

Staff use only:

Assessment needed y/n Completed by: _____
 Cycling lessons? y/n with: _____