

Course application form Sky Ride Leadership Award: Route Planning and Navigation



Course Details

Location: _____ Dates: _____

Personal Details

Title: _____ First Name: _____ Surname: _____

Date of birth: _____ Email: _____

British Cycling Membership No: _____ Type: _____ Expiry: _____
(Ride or Race membership category)

Postal Address:

Postcode: _____

Contact Telephone numbers: 1 _____ 2: _____

Please provide at least one number, preferably a number you can be reached on during the day.

Do you hold a current certificate in first aid? Yes: No: If yes, when does it expire?: _____

Disability

Do you consider yourself to have a disability? Yes: No: Prefer not to say:

If yes, please provide further details and any support required if relevant to attending the course. Use a separate sheet of paper if necessary.

Other information

Any other information you feel we should know (including any specific dietary requirements)?