

## Places to Ride Community Cycling Hub – Session Register

**Introduction:** Please complete this form in full. The information is required to meet the Places to Ride funding agreement terms. Please submit to [solihullactive@solihull.gov.uk](mailto:solihullactive@solihull.gov.uk)

<b>Day &amp; Date of Booking:</b>		<b>Time:</b>	
<i>Name &amp; Type of Event / Activity:</i>			
<b>Location / Venue:</b>	<input type="checkbox"/> Babbs Mill Park <input type="checkbox"/> Elmdon Park <input type="checkbox"/> Shirley Park <input type="checkbox"/> Tudor Grange Park		
<i>Name of Hirer/Organiser:</i>			

**Participants:** This form acts as your consent to exercise and understanding that you take part in activity at your own risk. Please complete this form and return to your instructor/leader. Your information will be held in accordance with the Data Protection statement on Page 2.

	Name	Age	Gender	Postcode	Ethnicity* (see page 2)	Disability or long-term health condition* (Yes/No/Prefer not to say) If Yes please state
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Hirer/Organiser to also complete Page 2 – Faults, Accidents and Equipment

<b>Were there any accidents reported during the session? (If Yes please submit additional form)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Were there any faults reported with the equipment during the session? (If Yes please submit additional form)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did you use any first aid supplies? If yes please state what items were used and how many so that replacements can be organised</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there enough PPE available for use? For example hand sanitiser, If replacement PPE is required please state below</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

## REGISTER KEY \*

<b>Do you consider yourself to have a long standing illness or disability (i.e. more than 12 months and likely to continue)? E.g.</b>	
Long term illness	Learning disability/ difficulty
Physical impairment	Mental Health condition
Sensory impairment	Other
<b>Ethnicity</b>	
<u>White:</u>	<u>Asian / Asian British:</u>
English / Welsh / Scottish / Northern Irish / British	Indian
Irish	Pakistani
Gypsy or Irish Traveller	Bangladeshi
Any other White background	Chinese
	Any other Asian background
<u>Mixed / Multiple ethnic groups:</u>	<u>Black / African / Caribbean / Black British:</u>
White and Black Caribbean	African
White and Black African	Caribbean
White and Asian	Any other Black / African / Caribbean background
Any other Mixed / Multiple ethnic background	
	<u>Other ethnic group:</u> please state
	<u>Prefer not to say</u>

**Data Protection:** Your information will be held by the Hirer/Organiser of the activity until it is submitted to Solihull MBC. Once submitted to Solihull MBC your information will be held in accordance with the Data Protection Act and GDPR. For more details on how your information will be used, please visit our website:

[www.solihull.gov.uk/About-the-Council/Data-protection-FOI/dataprotection](http://www.solihull.gov.uk/About-the-Council/Data-protection-FOI/dataprotection). The information will be used to evaluate the activities organised, improve the effectiveness of our services and show funders that we offer value for money.

The details on this form will be input into a central Solihull Active database, held securely by [www.substance.net/views/](http://www.substance.net/views/) and/or Solihull MBC ICT servers. This information is used to produce anonymous reports which will be shared with our funders, British Cycling. The results of any analysis will be used to influence future project developments. We won't share these details with anybody else, and if you want to have your data removed then you can do this at any time by emailing us at:

[solihullactive@solihull.gov.uk](mailto:solihullactive@solihull.gov.uk).