

Cycle User Questionnaire:

For individual use, to be completed prior to any Cycle Training.

Please note this information is treated confidentially.

Cyclist Full Name:	
Date of Birth:	
Course date attending:	
Company:	
Position:	
Do you have a cycle for the course?	
What course suits your needs? (please tick box)	
Level 1 & 2, 1 day refresher for frequent rider	
Level 1&2, 1 and half day for general rider	
Level 3, 2 day course new, beginner rider (Separate course)	
Do you have any medical conditions?	
Diabetes:	
Epilepsy:	
Asthma:	
Heart Condition:	
Other:	
Medical Comments: Please make us aware of any concerns or health issues.	General Comments:
Date:	
Attendee Print name:	
Attendee Signature:	
Trainer Print name:	
Trainer Signature:	