



cyclinginstructor.com

Training applied for:		Cycling Instructor
Course Dates		
Course Type		
Surname:		
First Name		
Email		
Landline		
Mobile		
Address		
Postcode		
Age		
Gender		
Work History(start with most recent) attach CV if you want		
Start	Finish	Employers Name – brief description of duties- include Voluntary
Education and Qualifications (start with most recent)		
From	To	School, College, University





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Referees	
Please give two people who are prepared to act as referees References will not be taken up unless your application is successful	
Surname:	
First Name	
Occupation	
Email	
Landline	
Mobile	
Address	
Postcode	
How do they know you?	
Surname:	
First Name	
Occupation	
Email	
Landline	
Mobile	
Address	
Postcode	
How do they know you?	





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Cycling CV

Please provide brief details of your cycling experience

Separate sheet if necessary

Please tell us how you meet the Essential and Desirable person specifications and any other relevant information that will help your application

Separate sheet if necessary



Cycling Instructor Ltd

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VAT 888564062

Registered In England & Wales No. 5519848





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Declaration

I certify that the above statements are true and correct to the best of my knowledge and belief. I understand that selection will be subject to the information on this form being accurate.

I accept that my selection will be subject to the discretion of Cycling Instructor Ltd

Your signature:.....

Date:.....

Please return your complete application form to:

Paul Lowe
Director
Cycling Instructor Ltd
General Enquiries 0845 652 0421
Fax 0845 652 0421
Email paul.lowe@cyclinginstructor.com
Applications to be submitted electronically

