



Adult Cycle Training fund

Application form

For supporting training providers with capacity building and organisational development for expanding access to adult cycle training.

2023-24

Key information

The application process opens on **14/06/2023** and will close on **24/07/2023**.

Grant funding period & milestones:

- Applicants will be notified of the grant funding panel decision by **18/08/2023**.
- Delivery and reporting of funding activities must take place before **30/06/2024**.

A template for reporting will be provided by Cycling Scotland to successful applicants.

Please consult the Adult Cycle Training fund application guidance document when completing this application.

For further advice, please contact [traininggrantfunding@cyclingscot](mailto:traininggrantfunding@cyclingscot.org)

Q1. Organisation details	
Organisation name	
Organisation address	
Organisation type	<input type="checkbox"/> Local authority <input type="checkbox"/> Leisure trust <input type="checkbox"/> Charity <input type="checkbox"/> Social enterprise (inc. CIC) <input type="checkbox"/> Community development group <input type="checkbox"/> Constituted club or association <input type="checkbox"/> Other, please specify in box below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
Lead contact name	
Lead contact email	
Lead contact phone	
Job title	
Local authority area	
How did you hear about this funding?	

Q2. Eligibility	
Please indicate the eligibility criteria that you currently meet, or still need to develop	
<ul style="list-style-type: none"> Have experience of delivering National Standard Cycle Training at all levels 	<input type="checkbox"/> Established <input type="checkbox"/> To develop
<ul style="list-style-type: none"> All cycle training sessions are delivered by fully qualified Cycle Trainers, who have undergone additional training in first aid and safeguarding. 	<input type="checkbox"/> Established <input type="checkbox"/> To develop
<ul style="list-style-type: none"> Have access to cycles for trainees to use during their Adult Cycle Training session (if required). 	<input type="checkbox"/> Established <input type="checkbox"/> To develop

<ul style="list-style-type: none"> • Hold the relevant insurance cover for cycle training activities. 	<input type="checkbox"/> Established <input type="checkbox"/> To develop
<ul style="list-style-type: none"> • Have adequate policies and procedures in place to ensure health and safety and organisational compliance. 	<input type="checkbox"/> Established <input type="checkbox"/> To develop
<ul style="list-style-type: none"> • Committed to a Service Level Agreement based on the Roles and Responsibilities outlined in the guidance notes - Appendix A. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Q3. Please outline any existing experience your organisation has in delivering cycle training (max 300 words).

Q4. Communications

Please tell us more about how you will identify your audience and promote cycle training opportunities (300 words max).

Q5. Instructors	
Do you have existing staff who are trained as Cycle Trainers to deliver cycle training? If so, how many?	
Do you need a cycle trainer course to upskill staff to deliver cycle training? If so, how many staff?	

Q6. Adult cycle training	
How many cycle training sessions would you like to provide for adults in your area in the grant funding period?	
Indicate the number of individuals you are planning these sessions to reach?	

Q7. Family cycle training	
How many family cycling sessions would you like to provide in your area in the grant funding period?	
Indicate the number of individuals you are planning these sessions to reach?	

Q8. Cargo bike training	
How many cargo bike sessions would you like to provide in your area in the grant funding period?	
Indicate the number of individuals you are planning these sessions to reach?	

Project budget

Q9. Cost breakdown for organisational capacity				
Business support costs	Cost per item	Number of item(s)	Total cost requested from fund	Proposed date of purchase dd/mm/yy
		Total	£	

Q10. Cost breakdown of requested funding for cycle training delivery				
Type of session (and length) /Series of developmental sessions for specific groups /Specific item(s)	Cost per session / item	Number of sessions / item(s)	Total cost requested from fund	Milestone completion date dd/mm/yy
		Total	£	

Q11. Other funding: Please outline any match-funding or other value-in-kind contributions that are relevant to this project.

Q12. Please use this box to tell us how cycle training fits in with the other services currently provided by your organisation, and anything else about your organisation that you feel is relevant.

Thank you for applying.

We will be back in touch by the grant funding panel decision date, specified at the start of this form, to let you know the outcome of your application.