

REQUEST FOR RECOGNITION OF BICYCLE PROGRAM TEACHING EXPERIENCE

This form should be used by teachers and other school support personnel who wish to gain reaccreditation by completing the **Bicycle Education** refresher training course and who have been:

- accredited in Bicycle Education Instructor Training more than 5 years ago AND
- teaching and providing practical training for students in Bicycle Education in an ongoing way since gaining accreditation.

School / Organisation :

Full Name and Title of Person:
(for whom recognition of experience is being sought)

Contact details: Ph..... Fax:.....

Email

Details of previous accredited Bicycle Education Instructor Training:

Trainer's Name:..... Location:..... Year:.....

Has the person applying for reaccreditation been teaching and providing practical training for students in *Bicycle Education* continuously for the past five years?

YES NO
(Circle the appropriate response)

(If Yes, go directly to declaration section below)

(If No, please complete the adjacent details as far as possible)

Please provide available information about the period(s) and level(s) in which the person applying for reaccreditation has been teaching and providing practical training for students in *Bicycle Education*:

DECLARATION

I, of declare that
(Applicant's name) (School/Organistaion name)
to the best of my knowledge the information contained in this document is true, complete and correct.

Signature of applicant

Date.....

PRINCIPAL'S ENDORSEMENT

Principal's name

Signature of Principal: Date:

OFFICE USE ONLY:

Approval to complete Re-accreditation Course for Bicycle Education Instructor Training

This section to be completed by the Department of Education & Training Officer responsible for managing the Bicycle Education Instructor Training for Teachers and other school support personnel, or by current Department of Education & Training preferred provider of that training.

Officer's name: (please print) Officer's title:

Signature: Date.