Please complete this and return to CTC as the first stage of setting up a potential private course. Completing or submitting this form does not commit you, your venue or CTC to the provision or acceptance of a private course.

Should you have any queries, or require assistance in completing this form, please contact a member of the CTC Education team on 0844 736 8463 or mtb@ctc.org.uk.

|  |
| --- |
| **Contact Details** |
| Name: |  |
| Address: |  |
|  |
|  | Postcode: |  |
| Contact name: |  | Contact Tel: |  |
| Web address: |  | Email: |  |
| Invoice address if different to above:  |  |
|  |
|  | Postcode: |

|  |
| --- |
| **Course Details** |
| Which course(s) would you like to operate from your venue? | Approximately how many trainees would like to attend? |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Course Venue** |
| Please indicate all the facilities available at the venue: |
| Facility | Y/N |  | Facility | Y/N |
|  |  |  |  |  |
| **Classroom** |  |  | **Food** |  |
| Classroom with effective heating, lighting and power |  |  | Kitchenette (to make hot drinks) |  |
| Powerpoint projector |  |  | On site canteen or nearby shops |  |
| Flipchart and stand |  |  |  |  |
|  |  |  |  |  |
| **Bikes** |  |  | **Staff** |  |
| Indoor area for minor bike maintenance |  |  | Staff on site during a course |  |
| Bike washing (including hose?) |  |  | Staff contactable during the course |  |
| Secure bike storage |  |  |  |  |
|  |  |  |  |  |
| **Accommodation** |  |  |  |  |
| Fully residential (food and accommodation included) |  |  |  |  |
| Day based venue (no accommodation) |  |  |  |  |
| Self catering (with accommodation) |  |  |  |  |

**Further Information**

We may require from you, at a later stage, the following. If you have any available now, please enclose them.

|  |  |
| --- | --- |
| Copy of your building, contents and employer insurance certificate(s) | Copy of map with potential routes outlined on them |
| A copy of your venue risk assessment | Photographs of key locations on these routes |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Position:**Declaration of Interest**I believe the venue detailed above is able to fulfill the needs and requirements of providing courses within the National Mountain Bike Award Scheme. I would like to further discuss with OTC the potential for courses at this venue.We may require from you, at a later stage, the following. If you have any available now, please enclose them.

|  |  |
| --- | --- |
| * Copy of your building, contents and employer insurance certificate(s)
 | * Copy of map with potential routes outlined on them
 |
| * A copy of your venue risk assessment
 | * Photographs of key locations on these routes
 |

Signed: Dated:Position: |  |