Appendix 2

Cycle to Work Scheme
Application Form

To: Cycle to Work Scheme
Payroll Division
Department of Education and Skills,
Athlone, Co. Westmeath, N37 X659

Please clearly mark envelope "Cycle to Work Scheme" and "Primary Payroll", "Post Primary Payroll" or "Non Teaching Staff Payroll" as appropriate.

Please circle as appropriate:

**Current post:** Teacher or Non Teaching Staff

**Sector:** Primary or Post Primary

1 Employee Personnel Details

Name: *(as on pay slip)* ______________________________

Home Address _______________________________________

____________________________________________________

Contact Telephone No. ____________ School roll number ____________

**PPS No.: (as on pay slip)**


**Payroll No.: (as on pay slip)**


2 Supplier details *(THIS SECTION SHOULD BE COMPLETED BY THE SUPPLIER)*

Supplier Name ____________________________ VAT Number ____________

2.1 Supplier’s Bank details for EFT Payment:

Supplier’s Bank Account No. ____________________________

Supplier’s Bank Sort Code ____________________________

Supplier’s Bank Account IBAN __________________________

Supplier’s Bank Account BIC / SWIFT ____________________

Bank Name & Address ______________________________________

____________________________________________________

____________________________________________________
Please ensure that the bank account is within the Republic of Ireland and will support the Electronic Money Transfer System.

3 Details of Bicycle /Cycle Equipment Ordered

Invoice Number _________________________

<table>
<thead>
<tr>
<th>Goods</th>
<th>Description</th>
<th>Price inclusive of VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle helmet conforming to European standard EN1078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bells and bulb horn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lights including dynamo packs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mirrors and mudguards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle clips and dress guards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panniers, luggage carriers and straps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locks and chains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps, puncture repair kits, cycle tool kits and tyre sealant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflective clothing along with white front reflectors and spoke reflectors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach Invoice For Bicycle /Cycle Equipment of Total Ordered.*
Appendix 3

Cycle to Work Scheme
Salary Deduction Authorisation Form

I hereby authorise a salary sacrifice of €__________ (Please enter the total amount as stated on the invoice, maximum €1,000) of my annual basic salary in lieu of the provision of new bicycle/cycle safety equipment by the Department of Education and Skills. I realise that this arrangement will operate until the salary sacrifice has been recouped and that the deductions will be reflected in my pay slips over one of the periods below, please indicate your selected deduction period:

1. Start date to November
2. Start date to August*
3. Start date to _________________
   (please specify the last payment date if different to 1 or 2 above)**

* August in the case of applicants employed under a fixed term or regular part time contract due to expire in August.
** The deduction arrangements must be completed by the last pay date in November of the calendar year in which they commence.

I certify that the bicycle / cycle safety equipment supplied under this scheme is for my personal use and will be used primarily for qualifying journeys, i.e. journeys to or from work and/or between places of work and that such use is subject to any rules or conditions that are in force concerning the operation and use of the equipment.

I understand that I should use the bicycle in line with all rules and regulations as set out by the Road Safety Authority (RSA) and make use of proper cycle safety equipment at all times. ¹

I have read and I agree to the Cycle-to–Work Scheme conditions as outlined in circular 0019/2014

I certify that I have entered into an agreement with the supplier named in the invoice that they will supply me with the bicycle / cycle safety equipment as per the invoice submitted.

Where the supplier’s bank account is not based in the Republic of Ireland there may be an additional nominal fee to facilitate the payment to the supplier by the Electronic Money Transfer System, which will be included in the salary sacrifice figure.

NAME _________________________ BLOCK CAPITALS PLEASE

PPSN _________________________

Signed: _________________________ Date: _________________________

¹ Please see RSA web site http://www.rulesoftheroad.ie/

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Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A

If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought.